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The Medical Herald.

ST. JOSEPH, MO., MARCH, 1903.

Contributed Articles

GALL-STONES; THEIR PATHOLOGY, DIAGNOSIS AND TREATMENT.*

By W. J. Alexander, M. D., Marthasville, Mo.

Physician-in-Charge, Emmaus Epileptic Institute.

TO THE purpose of the paper—the diagnosis and treatment of gall-stones—we will note some few practical points concerning the normal bile and the mechanical provision for the disposal of same.

The bile is secreted under low pressure by the liver-cells from the albuminous venous blood delivered by the portal vein from the spleen, mesenteries and ever germ laden digestive canal. In part the process is one of separation and that germs are taken up therewith from the blood has been abundantly proven. It is septic and non-irritating. During digestion, and in proportion to the amount of food taken, if not prevented by occlusion of one or other of the ducts, it passes uneventfully along them and leaks into the duodenum daily in amount nearly equal to the daily amount of the urine. During the intervals of digestion it flows into the gall-bladder, becoming there more concentrated from partial absorption of its water and accumulation of its solids.

The gall-bladder is a pear-shaped reservoir for the bile during the intervals of digestion filled and emptied through its stem the cystic duct which joining the hepatic duct at an acute angle, form the common bile duct, the same ending in common with the pancreatic duct in the walls of the duodenum. The muscles of the gall-bladder are very active and easily empty its contents when slightly irritated. Their spasmodic contractions are concurrent with those of the stomach. The gall-bladder may be looked for proximately under the ninth rib on the right side, and if found, like Captain Cuttle, we make a note of it. Its distended, mostly mucous.

So right here we find is the borderland to the pathological in gall-stone formation—and why? McLellan in his regional surgery makes mention that when the gall bladder is distended the fluid is found to contain chiefly mucous. Now much mucous means much cholesterine, for this substance obtains in the presence of any catarrhal process. It is a product

*Read before the Linton District Medical Society at Columbia, Mo.; the St. Charles Medical Society, St. Charles, Mo., in November, 1902.

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of retrograde metamorphosis and constitutes about 7 per cent of the solid constituents of pus. It is also one of the solid constituents of normal bile.

The deduction then is easy that a catarrhal process in this particular region increases the normal amount of cholesterine, and that such process must have antedated the distension, goes without saying. There has been a temporary or prolonged occlusion of the common or cystic duct with accumulation to an abnormal degree of residual matter.

By experimentation upon animals it has been shown that simple infection here causes no serious trouble until there is occlusion of the biliary or cystic tubes. The constant flow of bile is sufficient to cause the infection to be harmless. Once there is occlusion, however, incident to catarrhal swelling or other cause inflammation occurring, intensified and extended there is formation of gall-stones—not in every case, but it is one of the things that happens.

But how does this formation take place? We mentioned cholesterine as one of the solid constituents of bile. The others are certain salts, chiefly calcium salts, then bile pigment, then fatty substances. We also said that the bile stored in the bladder between the acts of digestion becomes concentrated. This occurs to an abnormal degree in persons of sedentary habits, and especially in women in the child-bearing and post corset wearing periods. But, however concentrated it becomes there is no formation of gall-stones until there is occlusion of the tubes. Authorities agree on this point, and Naunym of Strasburg, to whom we owe much in experimentation along this line, found that the addition of albumen to the bile led at once to the precipitation of calcium bilirubrin (a new formation of calcium and bile pigment) from the bile. This forms a dark, hard concretion, around which there is soon deposited layer upon layer of cholesterine. These concretions are often found in the liver, and when washed down and caught in the tubes or bladder they are as we would suppose, found to contain cholesterine in greater or less amount.

The order, then, as we understand it, is: Invasion of germs, catarrhal swelling causing occlusion of the tubes, the accumulation of cholesterine, precipitation, gall-stone formation.

The germs chiefly causing the infection are found to be the colon bacillus and the typhoid bacillus, the former the most frequent, the latter the more fatal.

The degree of inflammation and extent of injury resulting therefrom, as in other cases, depends upon the antecedent lowered nutrition of the epithelial cells and the specific virulence of the invading micro-organism.

And now comes the diagnosis. A close observation and careful study of the early symptoms by the family physician is always desirable, in order

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to be able to diagnose correctly. This is particularly so in gall-stone trouble. The classical symptoms of pain, jaundice and passing of stone with the stool, we find are not sufficient. A study of some busy, careful surgeon's work for a year will convince us what this is. Take Dr. Ochsner's 48 cases of last year in the Augustana Hospital, Chicago. He has tabulated them so as show age, sex, occupation, duration of disease, stomach symptoms, colic, jaundice, complications and contents of bladder. We must think with him that it will be necessary for us to change the basis of our diagnosis altogether, because the old plan must continue to result wrong diagnoses. The symptoms that will most constantly lead to a correct diagnosis when gall-stones are present, he says, are not biliary colic, jaundice and passing of stone in the feces, as we have been taught for many years, but digestive disturbances—a feeling of weight and burning in the vicinity of the stomach after eating gaseous distension of the abdomen; second, a dull pain extending to the right from the epigastric region around the right side about at a level of the 10th rib to a point near the spine and extending upward under the right shoulder blade; third, a point of tenderness upon pressure between the 9th costal cartilage on the right side and the umbilicus; fourth, a history of having had typhoid fever, or one or more attacks of appendicitis; fifth, in many of these cases there is a slight tinge of yellow in the skin not sufficient to be recognized as icterus, but still sufficient to be recognized upon close inspection, especially on those days patient is complaining of not feeling well, of feeling bilious; sixth, there is usually an increased area of dullness of liver. There may be a swelling of variable size opposite the end of the 9th rib.

All this corresponds with what we have learned concerning the pathology. The digestive disturbances may be accounted for by the presence of specific germ that institutes and perpetuates the trouble, together with the delay or absence in the flow of bile during digestion. Th disturbances I have noticed resembles the biliary colic in this way that all at once the patient seems to be entirely relieved of it. As regards the location of the pain some think that when the patient is asked concerning it that his fingers rather than his words more aptly describe it. They unconsciously pass to the point of attack and in direction given. In lead colic the patient passes hand over umbilicus horizontally, but not to the back; in renal colic the side of the hand is used and starts at the back. In gastric ulcer the hand goes rather to the left on the epigastrium to correspond with a point of tenderness to the left of the spine.

The pain is paroxysmal and suddenly severe. When relief comes it is very noticeable to the sufferer, and even to an observer. At times it is ac-

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companied by nausea, sweating on forehead, vertigo signs characteristic of stretching pains. It is claimed that if stone is in cystic duct the painful point is to the right of the rectus just below the free border of the 9th rib, and if in the common bile duct then pain is two inches to the right of the umbilicus. Sometimes pain is felt in right shoulder.

There is difference of opinion as to the cause of the biliary colic as to whether from migration of the stone or inflammatory process behind the occlusion. In favor of the former it is cited the grasping of the part by the patient, while in the latter, as tenderness supervenes, he keeps his hands at a respectful distance. All are agreed that the pains—the first ones at least—begin mostly in the night. There is pain of a different nature experienced by those who have suffered from gall-stones that caused by the adhesions around the parts; also from the same cause a pain in the left epigastrium, and also in the neighborhood of the gall-bladder by pressure at this point.

In diagnosing gall-stones where bilary colic is the chief symptom and jaundice is not in evidence, which latter happens in well-nigh half the cases, it is well to keep in mind that this pain has been mistaken for that of tabes dorsalis pleurisy of the right side, and also lead colic.

It is found in few before thirty years of age, and is very prevalent after sixty, and three times as many cases are among women as compared with men. Thirty per cent of those operated upon at the Johns Hopkins Hospital had previously suffered from typhoid fever, and 50 per cent of Ochsner's cases last year had had appendicitis.

The pain of gastric ulcer is more often mistaken for that of biliary colic, and perhaps still more often the gastralgias. That of the former is found in the young and in the anemic; it is accompanied by throbbing, and corresponds with a point of tenderness to the left of the spine. Neuralgias of the stomach are more irregular and are to be looked for in the neurotic, being precipitated by psychic influences rather than the taking of food. There is a malarial gastralgia that possibly may be eliminated by the use of quinine and to clear up the diagnosis it is justifiable to use other therapeutic means. A few whiffs of chloroform partially anesthetizing the patient enables us to ascertain the point of attack and a cup of hot water will invariably quiet the spasmodic action of the gall-bladder, and very often stop the pain.

The point of tenderness I have found is more accurately reached if patient is asked to take a long breath, and the ends of the fingers of the examining hand follows the bladder up under the free border of the ribs. This cannot be done in all cases on account of the rigidity of the abdom-

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inal muscles over it, and when patient is extremely sensitive to same. The cases that we as country physicians see are most all amenable to medical treatment.

In the treatment of gall stones the first thing we must be prepared to do in most cases is to relieve the pain, for generally that is why we are first consulted. Biliary colic occurs in the majority of cases when the stomach is empty and the gall-bladder is full. One noted physician found that in the course of a year's practise he was called sixteen times in the day and sixty-two times in the night. Now what is the thing to do? Stop at once the spasmodic action of the gall-bladder, for any case may be immediately fatal, as gangrene of its walls may have already supervened.

Beaumont proved in his experiments upon St. Martin that water passes into the duodenum in but a few minutes after being taken into the stomach, and it is a clinical fact that irrigation of the stomach with hot water sets at rest not only a disturbed alimentary canal, but also at the same time the distended tumultuously acting gall-bladder, and does it better than morphine.

We must prevent the migration of the offensive agent—the calculus—for the present and institute treatment to prevent new formation. This means a relieving of the congestion and catarrhal process in the alimentary canal gall-bladder and bile ducts.

The sedentary and occupation habits likely to cause this should be broken up and replaced by suitable exercise and the practice of habitual deep breathing, thus supplying abundance of fresh oxygen to the blood, and a disposition made of waste matter in the congested tissues. This not only succeeds to the purpose of purifying the bile, but also in stimulating the diaphragm and abdominal muscles to a greater range of action facilitates its flow. The mechanical aid given in this way of deep breathing is a substantial fact which I have very often tested, as is also massage which is oftentimes administered successfully, though unconsciously, by the patient himself.

Two things should be mentioned here as occasionally leading up to gall-stone formation: Mental worry or error of refraction in those requiring to use their accommodation much. These of course, where they are found to be present must be corrected.

This with frequent and regular indulgence in appetizing wholesome food and abstaining from the use of stimulants and over-indulgence in eating every day in the year are all matters of first importance.

A proper understanding of the pathological condition is necessary to an intelligent persistence in treatment. Gall-stones we have learned are

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not stone in the sense that the urinary calculous is. They are derived from the decay of albuminous matter, and when dried will float in water, being more like hardened cheese than stone. They can be moulded when brought to the temperature of the body. I have noticed that some recently passed easily break up between the fingers, but if dried quite hard and brittle.

It is claimed by good authority that relief comes after the colic from the stone floating back into the bladder. It is Kehr, I believe, who says that in 95 per cent of all cases the stones remain in the bladder causing no trouble. Some say that half those affected with gall-stones show clinical manifestations. The most probable explanation of successful treatment is in most cases that the bile breaks up the stone into a detritus not discoverable in the feces; the fewer cases in which the stones are found after each attack, the duct was dilated by the first one and has remained so.

Towards effecting a cure there is a long list of drugs from which we may chose: Olive oil, turpentine, ether, chloroform, nitro-muriatic acid, the succinate of the peroxide of iron, salicylate of soda, benzoate of soda, phosphate of soda, the laxative mineral waters. We start out perhaps with the latter or phosphate of soda regularly, at first, and then at intervals, may be we alternate them the better to keep up the laxative effect. We might add each time salicylate of soda to stimulate the bile and by thinning facilitate its flow.

Then we select something that tends towards relieving muscular rigidity in the inflamed tissues, as chionanthus, to aid in the solution of waste matter in the same as pichi; or that has a special action on the cholesterine which it is said to have—lecithin. We change and adapt to meet the peculiar requirements of the individual case. But in all we do not lose sight of the fact that good food is the best stimulant of pure bile and proper exercise is the greatest assistant to the digestion; that the germs of disease are ever with us, and eternal vigilance is the price of safety.

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COMPULSORY VACCINATION.*

John D. Seba, M. D., Bland, Mo.

IN the year 1798 Dr. Edward Jenner of England, scientifically demonstrated to the world that persons inoculated with a disease which sometimes attacks cows and seems to be a local disease of the teats and udders are protected against smallpox as effectively as an attack of the disease itself. This fact was already known by the people of Dr. Jenner's vicinity, and it is said that milk-maids who milked cows while having the disease had gotten their hands infected, which had caused local sores which would heal and leave a peculiar scar, and that thereafter such maids were immune from taking smallpox as though they had had variola.

So complete and irrefutable were Dr. Jenner's assertions that vaccination was a complete and absolute protection against smallpox that the government of England and also the government of other monarchial powers soon introduced compulsory vaccination of their subjects. This soon had its telling effect, inasmuch as it reduced the mortality from smallpox in the army from fifty per cent of pre-vaccination period to one per cent in the vaccination period.

The success of vaccination was so successful that no one but ignorant, superstitious or willfully prejudiced people objected to it. In monarchial governments, with absolute power over the people who are to be governed, it was easy to introduce compulsory vaccination, because only few people had to be convinced of the prophylactic value of vaccination against variola to establish it in the custom and laws of the land. But in a republican form of government where the people themselves are the rulers, and the consent of the governed are to be obtained, it is more difficult to obtain compulsory vaccination laws. That vaccination is as effective a protection against variola now as it was in the days of Jenner can be easily verified in one's own every day practice.

I have personally attended over one hundred cases of smallpox, but have never taken the disease. Vaccination is my only protection. This exposure to the disease was not only for a few minutes at a time but sometimes for hours at a time.

There are seven doctors in my county who have treated smallpox, none contracted the disease, which was all due to vaccination. Just here let me state that it is with a feeling of sorrow and regret that I remember the sad occurrence of my fraternal friend, the late Dr. N. B. Jones. He had practiced medicine 25 years, and never treated a case of smallpox.

*Read before the Second Annual Health Association at Kansas City.

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He had never been vaccinated and belonged to those who style themselves as anti-vaccinationists. He contracted fluent smallpox from the very first case he attended, from the complications of which he died twenty-one days later. He had contracted the disease from a very mild case which he did not believe to be smallpox, because the disease was of such mild form. This, however, is nothing unusual. The most dangerous cases often develop from the most trivial ones. No one can judge from the initial fever and symptoms whether the case will be of mild varioloid form or a case of confluent smallpox.

As to how we should have compulsory vaccination made effective, is the query which I am probably expected to answer here today. To answer this correctly and to the satisfaction of all is almost an impossible task. To do this compulsory vaccination we must have a law that gives us the power to vaccinate every person we deem necessary. Just how this law should be framed and how it should be executed I have some definite views which I have formulate into a Medical Legislation Bill, which was published by Dr. Wm. Porter, of St. Louis. Also in a paper read before the State Medical Society, May 22, 1901, at Jefferson City, entitled "Legal Sanitation." And again alluded to in a paper read by title at St. Joseph, Mo., last May. You will pardon me if I briefly here, again, state my views held on this subject:

The people of Missouri should elect either every two years or every four years, a health officer, styled the Health Commissioner of Missouri. He should perform all the duties now entrusted to the Missouri State Board of Health. In fact, he should supplant it or fill its mission.

The coroner of each county should be the health officer of each county, and should be an auxiliary to the State Health Commissioner. For all purposes he should supplant the present county boards of health. This would put the state sanative laws under the control of executive officers just the same as the school laws are under the execution and control of State Superintendent of Public Schools and County School Commissioners. So should the laws regarding public health and sanitation be under the direction and control of a health commissioner of the state and coroner of each county. This once established, the coroner would be the vaccinating officer of the county. He could meet the population of his county at regular appointed times and places during the month of May, where he could vaccinate all the children under the age of two years and over the age of three months. Such health officer of the county could at the same time take the vital and mortuary statistics of the county. I need not dwell upon the great value of such statistics, their value are apparent to every sensible man.

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CASE OF ACUTE CATARRHAL CHOLANGITIS, WITH REMARKS ON JAUNDICE.*

By J. S. Triplett, M. D., Harrisonville, Mo.

JAUNDICE is a symptom of so frequent occurrence that its significance is perhaps often underestimated; it is symptomatic of so many and varied pathologic conditions that its origin is often a difficult problem to solve, and one which not infrequently taxes the skill of the best diagnostician.

As regards the cause, cases of jaundice may be divided into two groups: (1) The obstructive or hepatogenous, in which there is some obstruction in or about either the smaller or larger ducts, such as, for example, gallstones, round worms, inflammatory swelling of the duodenum, or of the mucosa of the ducts, obstruction by tumors within or without the ducts.

(2) Toxemic or hematogenous, such as, for example, are seen in malaria, pernicious anemia and in certain fevers.

A valuable diagnostic point to be kept in mind, in deciding to which group a particular case belongs, is the absence of icterus of the conjunctiva, and of the drab or clay colored stools of the toxemic form, both of which are in evidence in the obstructive form.

As illustrating one of the more common (forms) causes of jaundice, and because the symptoms were very marked; and its clinical course typical, the following case is reported:

E. C., school girl, aged 8 years, had always been in good health, except one attack of pneumonia four years ago. December 8, 1902, she came home from school complaining of languor, nausea and anorexia, with decided indisposition to exercise. Next day (9th) these symptoms were still more marked, and she vomited some in the forenoon. At this time her mother observed a yellowish discoloration of the skin. Her bowels were somewhat constipated; she had complained of no soreness, pain or tenderness. Her skin had become so markedly yellow by December 11th, that it was thought advisable to have medical aid, and at this time I was called to attend her. I found her with no elevation of temperature, pulse somewhat slower than normal; tongue somewhat dry and coated. There was no tumor palpable; nor did she complain of pain or tenderness; but I found slight soreness in the right hypochondrium. She was still nauseated, languid and had taken very little food since the beginning of her indisposition. Jaundice was the most marked symptom, the skin, conjunctiva and mucous membranes being deeply injected. Urinalysis showed: Dark-yellowish amber color; 1030 S. G., excess of urates and very decided reaction for bile. I diagnosed the case as one of acute catarrhal cholan-

* Read before Cass County Medical Society, February 5th, 1903.

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gitis secondary to acute catarrhal gastro-duodenitis; and placed her upon a treatment of mild intestinal antiseptics and corrections, which seemed to meet the requirements of the case admirably. Her bowels began to move two or three times a day; appetite returned, and by December 14 the jaundice, which had been decreasing each day, had nearly or quite disappeared. Her complete recovery was uneventful; she returned to school, and has been in good health since. Urinalysis made January 10, 1903, was negative.

THE PENNYRILE DOCTOR.

Response of Dr. I. R. Coleman, of Paducah, Ky.

To a toast at a banquet given May 7, 1902, in Paducah, by the doctors of Southwestern Kentucky in honor of the State Medical Association.

MR. TOASTMASTER and Gentlemen of the Kentucky State Medical Society: Our State is financially, geographically and intellectually divided into three sections: The Blue Grass, the Mountains and the Pennyrile. Taking into account broad and fertile acres we unanimously yield the palm to our brethren of the Blue Grass. As to geography why, Mr. Toastmaster, there is more geography to the square inch in the mountains of Kentucky than any place on earth, so geographically we tip our beavers to our fellow-citizens of the mountains. But in point of intellectuality, especially amongst the medical fraternity, the Pennyrile doctor has them all "skinned a block." Of course all these sections have doctors and, doctors, they all have horses and they all have republicans. But each of these sections is famous for the production of some one of the aforesaid articles of commerce.

Speaking of doctors we might state that one by one are our cherished idols ruthlessly demolished by the iconoclastic and ubiquitous germ theory of disease. The air we breathe, the clothes we wear, that article, the love of which is said to be the root of all evil, the succulent beef-steak and garden sass, and even the pellucid and cerulean Ohio river water that we drink, have one by one and in quick succession passed under the ban of the modern bacteriologist, and now it has at last been discovered that ignorance, especial among medical men, is a germ product.

It has long been a conceded fact that the doctors of the "Pennyrile district" were, so to speak, "the stuff."

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It was a Pennyrile doctor, and I see his genial, modest countenance here tonight, who performed the three first vaginal hysterectomies in the State of Kentucky.

The Pennyrile district has furnished the great metropolis of our country, New York City, with two of its most celebrated physicians. I refer to Dr. Hibbs, of Livingston county and Dr. Prince A. Morrow, of Christian county.

It was a Pennyrile doctor who first used veratrum veride in the treatment of puerperal eclampsia in Kentucky.

It was a Pennyrile doctor who first used the Murphy button in Kentucky.

It was a Pennyrile doctor who was the first physician in the world to use atropia in the treatment of extreme collapse and shock. I refer to an ex-president and honored member of the Southwestern Kentucky Medical Association, the late Dr. Reuben Sanders of this city.

And gentlemen it was two of the commonest, most insignificant and "onerest" "Pennyrile doctors" who gave to the world the use of hyoscin and pilocarpine in the treatment of the alcohol and morphine habit.

I might dilate and expatiate, gentlemen, from now until the cock crows in the morning upon the great things Pennyrile doctors have done, and much longer upon what they will do, but "Tempest is a fugitin.'"

These facts in the face of the beautiful and succulent Blue Grass, which will produce race horses, and the bracing air and shimmering moonshine of the mountains, which has produced trouble—was a perplexing thing. But patience, perseverance and—and—time overcome all obstacles. At last the hidden is no longer hid, and the mysterious is no longer a mystery.

Recent research into the archives of medicine and literature, as well as experiments made in the laboratory of Signor Don Gilberto, which, by the way, is located, I believe, in this building, have not only demonstrated conclusively to any unprejudiced mind that ignorance is a germ disease, but after years of patient investigation the germicide was found in the delightfully odiferous plant which is indigenous to and grows luxuriantly in the few counties composing the first congressional "*destrict*" of Kentucky. Pennyrile is the germicide and antidote to this disease, and it is said that upon the discovery of so important a truth the investigators sacrificed a hetacomb of—of—schooners in said laboratory.

Recently the Hon. James H. Mulligan at a banquet responded to a toast "In Kentucky" and now, paraphrasing that bright, splendid, sparkling, poetic gem by that distinguished past-master of after-dinner speakers, I would say, that

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Everybody is a colonel
In the Blue Grass.
If he ain't he is infernal
In the Blue Grass.
And they surely strut the proudest,
Wear clothes the very loudest.
Look fat and sleek and roundest
In the Blue Grass.

They think their girls the sweetest,
In the Blue Grass.
Their horses are the fleetest,
In the Blue Grass.
And their whisky they say 's older,
Their ice and mint is colder,
And their politicians bolder,
In the Blue Grass.

Kentucky has another place,
The Mountains.
You had better wear a long face
In the Mountains.
Even the mine, and oil investor,
Carries a loaded, long Winchester,
But is never the aggressor,
In the Mountains.

They raise republican majorities,
In the Mountains.
And intimidate minorities,
In the Mountains.
They raise Colts that shoot a shell.
They raise moonshine from the well,
They raise gensang, fueds and hell,
In the Mountains.

They have doctors I should have sa'd
In both these sections.
But they have wheels up in their heads,
In both these sections.
And the reason I'll tell you why,
Is the ignorance bacilli,
They need a thing to make it die,
In both these sections.

The remedy to kill this "bug,"
In both these sections.
To put a sleeper on its "mug,'
In both these sections,
Is to take their still-worms for awhile
And through their entrails bile,
Some essence Pennyrile,
For both these sections.

But the greatest section yet
Is the Pennyrile,
We have good things here to let,
In the Pennyrile.
We have doctors of all sorts,
We have springs and health resorts,
We have preachers, we have sports,
In the Pennyrile.

The doctor is a worker,
In the Pennyrile.
He never is a shirker,
In the Pennyrile.
As to office, some way, or how,
He says he does allow,
That he don't "git none nohow,"
In the Pennyrile.

The doctor is a daisy,
In the Pennyrile.
Not altogether lazy,
In the Pennyrile.
Makes a living spite the fates,
They are loyal to the State,
They go nearly ALL THE GAITS,
In the Pennyrile.

The doctor is most retiring,
In the Pennyrile.
When he speaks does more perspiring
In the Pennyrile.
Has more trouble and less fame,
Does more work for smaller gain,
But he "gits thar jist the same,"
In the Pennyrile.

We have brought the state society,
To the Pennyrile.
We hope with all propriety,
In the Pennyrile.
If during this turmoil,
You will use our PENNYROYAL,
We don't think you will spoil
In the Pennyrile.

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A CASE OF FIBROID TUMOR WITH PYOSALPINX AND OVARIAN ABSCESS.

By Herman E. Pearse, M. D., Kansas City, Mo.

Professor of Diseases of Women, College of Physicians and Surgeons; Surgeon-in-Charge, St. Luke's Hospital; Consulting Surgeon to the Woman's Hospital, etc.

MRS. G., of Potter, Kansas, came to St. Luke's Hospital on November 3d, 1902, with the following history furnished by her family physician, Dr. M. T. Dingess, who accompanied her: She was 42 years of age, well nourished, married for twenty years, and never had been pregnant. There had been an ovarian abscess some three years ago, which was opened per vaginam and drained, since which time she had had almost constant flow and pain. Almost one year ago a second ovarian abscess had developed, and like the first was opened per vaginam and drained; neither opening had ever entirely healed. The abscess cavity had involved the rectal wall and perforated it so that a recto-vaginal fistula existed by way of the abscess cavity.

Examination showed the opening in the vaginal cul-de-sac, and the mass of adhesions behind it and above occupying the fundus, a mass which I took to be an area of inflammatory tissue. Hysterectomy was decided upon, as the pain and chronic suppuration was more than she could bear; moreover the ulceration, angry and red, at the cervix was suggestive of beginning cancer. It was done on November 6th, 1902, Dr. Oscar O. Young giving the anesthetic, which was chloroform, and Dr. Newton McVey assisting me. After the usual careful antiseptic precaution the abdomen was opened under aseptic conditions. The mass at the fundus proved to be a fibroid which promptly presented at the opening, but which, owing to adhesions to the pelvic walls, particularly the left, could not be brought up so as to admit of tying off the blood supply. Slowly and carefully the many bowel adhesions were separated, and the task of loosening ovarian adhesions was commenced, hemorrhage was free and could not be controlled, owing to the tumor mass in the way, so a wire loop was thrown about the tumor and uterus, and caught in the grasp of a serre-noeud and drawn tight. The tumor was now cut away and clamps applied to the broad ligament on the right. The ovarian remains and the tubes were forcibly detached from their adhesions and the broad ligament and uterine and ovarian arteries were clamped on the left. The wire was then withdrawn when hemorrhage commenced again. Welling, whirling, it came from the deeper portions of the pelvis. The wire was tightened, but did not stop the hemorrhage. A swift examination showed me that both uterine and ovarian arteries were secure, and the uterus itself was consequently pulled up, cut away from bladder and rectum and detached at the cervix. The bleeding was furious.

When in removing a tumor hemorrhage comes from the bottom of the pelvis, after securing the two uterine arteries the blood is coming from enlarged branches of the cervicle artery, or from the superior hemorrhoidal artery, or from enlarged branches of the cystic. Relying upon this rule I

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had a retractor handle thrust into the vaginal, and with this as a guide I promptly perforated the cul-de-sac. With one blade of a long slender clamp through this hole, and the other above, I was master of the collateral bleeding on one side. This was repeated on the other side, and the clamps so applied stopped the hemorrhage. The cervix was now removed, and the operation was completed.

Carefully all vessels were now tied and one by one all clamps removed. Where the abscess cavity had lain against the rectum a ragged hole in the bowel appeared. This was sutured shut and the peritoneum closed from bladder in front to bowel behind, above the injury. Sponges were removed and counted, and the large incision carefully closed. Drainage was made through the cervical opening in the vagina.

The operation had lasted over two hours, the longest abdominal operation of my entire life's experience, and I was heartily glad when the patient was carried from the operating-room in good condition.

She was no sooner placed in bed, however, when the nurse in alarm called me to her bedside. Dr. Young was already making artificial respiration. There was no pulse at the wrist, the face was livid; the pupil dilated to the margin. I at once turned on the oxygen from the every-ready tank, and directed the nurse to assist in lifting the foot off the bed. With the head much lower than the feet, with oxygen inhalations, and with nitroglycerine and strychnine (theoretically said to be incompatible, but in practice working well together) given to the limit hypodermically, with electricity, and normal salt infusion by hypodermoclysis—by these means so familiar to the operator who has had shock to contend with, she was carried through the afternoon. She passed by a miracle it seemed through the night; every hour seemed as though it would be her last; the pulse would slowly become perceptible only to sink away again, and only by the most heroic stimulation was she kept alive. At the end of twenty-four hours the condition improved, and she made a rapid recovery with but one accident. The anterior wall of the rectum that had been mended sloughed through giving a fecal fistula via the vagina which is slowly closing by granulation.

This case illustrates two points forcibly: First. When undertaking an abdominal operation *every known restorative for the condition known as acute shock* should be immediately available; it may be needed, and if needed there is no time for preparation.

Second. While in this as in every case the ligature best controls hemorrhage, one should always have at hand a dozen clamps and a Keberly serre-noeud and delta wire for control of hemorrhage when adhesions and tumor growth prevents access to vessels that supply the bleeding.

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HYPERPLASIA AND HYPERTROPHY OF THE UTERUS.

Chas. G. Geiger, M. D., St. Joseph, Mo.

THE frequent occurrence of enlargement of the uterus has been a stimulation to the study of its underlying pathological conditions. In view of the causative influences predisposing and direct, it is not a matter of surprise that this is an affection of great frequence. Probably more than 65 per cent of all women presenting themselves for local treatment show evidence of it in some degree. The importance then of this disease cannot be over-estimated.

In hyperplasia of the mucous membrane of the cervix, which is usually called endometritis or uterine catarrh there is very decided congestion and hypersecretion of the glands of the cervix. As the disease advances the mucous membrane becomes thickened by proliferation of the areolar tissue, and by distention of the blood-vessels, so that it becomes too large for the surface it covers; this throws it into the fine rugosities or wrinkles which give the surface a granular or papillous appearance. These projecting points were supposed by the older pathologists to be an enlargement of the papillae of the mucous membrane, but it is now known that they are new formation due to areolar hyperplasia.

It is difficult to believe that the hyperplasia process could lead to the development of new anatomical structures of a normal character, but there is strong evidence to show that this occurs in the mucous membrane of the cervix uteri.

Sometimes the irregularity of surface due to hyperplasia is very marked, especially in cases where there is laceration of the cervix. This condition has been called "granular degeneration," a good enough name, if it is remembered that it is produced by throwing up of a membrane into folds or projections by an enlargement and thickening due to hyperplasia, and in fact it is not a degeneration.

The hyperemia sometimes extends to the middle coat of the cervix, and then for a time the tissues are softened and edematous; with this condition there is usually free leucorrhea and menorrhagia, especially when the body of the uterus affected. Occasionally, though rarely, the menstrual function is suspended or diminished. In some cases of long standing, especially when there is laceration of the cervix the areolar hyperplasia extends to all the tissues of the cervix, and later involving the entire uterus, and after some time gives rise to sclerosis.

We all have observed that the most frequent causes of hyperemia are puerperal subinvolution of the uterus, which may be caused by too early getting up after child-birth, small or large laceration, and uterine infection.

These are the chief underlying conditions or factors in the production of the so-called chronic metritis, or more correctly speaking increased vascularity and the beginning of hyperplasia. Anything which interferes

*Read before the Western Surgical and Gynecological Association, at St. Joseph.

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with normal involution predisposes to this condition. The prominent feature of subinvolution is hyperemia. This is a chronic one, and may have an indefinite continuance. But its protraction for a long period of time is followed sooner or later by certain changes in the tissues of the parenchyma. At the beginning, hypertrophy of the muscular structure is found equal to that of the connective tissue.

The microscopic sections I present for your inspection, will show a great preponderance of the connective tissue. As a result of the persistent habitual hyperemia the tissue takes on this increased growth or proliferation. The same proliferation may follow in the muscular structure, but it is always limited, and usually absent. The muscular structure is, therefore, relatively diminished, and it may be absolutely displaced by the connective tissue supplanting it.

At first, then, the uterus is enlarged, heavy, flabby, soft and hyperemic. Later on, there is a preponderance of the connective tissue, the result of proliferation, the organ is found dense and indurated at the same time it becomes less vascular.

Diminished vascularity is brought about by the growth of the intermediate areolar tissue especially surrounding the blood-vessels, compressing them, and thus cutting off the blood-supply. This, the second stage of the disease, is called hyperplasia.

Still later on a further change becomes manifest, the result of the former. Advancing proliferation and hyperplasia of the connective tissue renders the parenchyma of the uterus more and more dense and indurated, less and less vascular, until finally a condition is found as above described. The macroscopic appearance of the parenchyma on section is white or reddish-white, deficient in blood-vessels, and its firmness is so increased by contraction and condensation that it creaks under the knife, simulating the hardness of cartilage. The uterus now grows smaller and undergoes atrophy. This is the stage of sclerosis or cirrhosis.

We then may recognize three distinct stages of hyperplasia: 1, hyperemia; 2, numerical hypertrophy: 3, sclerosis. The second is the result of the first, and the third is a practical continuance of the second.

From a pathological point of view the old term "chronic metritis" has been deemed incorrect, inasmuch as it implies an acute stage of an inflammation which rarely exists, and a study of the morbid anatomy has failed to demonstrate the evidence of a chronic inflammation.

But, as has been stated, the term is very convenient from a clinical standpoint, because we possess none better to embrace a variety of conditions presenting the same clinical features on examination. Jacobi presented an elaborate and strong argument in favor of the old view, and states that hyperplasia, whether a chronic or acute affection from the start, is an inflammatory disease.

The error of such a view is now apparent when we consider the great rarity of acute parenchymatous metritis, as shown by all autopic examinations, and the clinical fact that most cases of chronic metritis have never manifested any acute symptoms. To recent investigation, chiefly microscopic, in pathology, are we indebted for a correct understanding of the morbid process of this disease.

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It is impossible to determine at the bedside exactly when the state of subinvolution commences to emerge into that of hyperplasia, as it is a slow and insidious development. The two affections to clinical appearances, resemble each other, and apart from the history, differentiation is obscure.

Just as the hyperemia of subinvolution proves so potent a factor in this disease, so may continued hyperemia of the uterus from any cause lead to true hyperplasia. To a great extent hyperplasia is limited to the parous uterus.

The normally firm resisting walls of the nulliparous organ afford a strong resistance to expansion, whether by vascular fullness or cellular proliferation. Still it is not to be forgotton that this disease may and does occur in the nulliparous organ; for we do have about the same condition taking place in menstruation as in a gravid uterus. Chronic hyperemia and hyperplasia—may involve any portion of the uterus, neck or body, or certain portions thereof. For manifest reasons the neck of the uterus is a favorite habitat.

The extreme liability of this portion of the organ to injury by contusion and laceration in parturition; to friction in coitus or by displacement; its tendency, favoring gravitation of blood—within its structures; the relatively increased frequency of cervical endometritis over the kindred affection of the body—these may be mentioned as among the more important reasons. Involution from some of these causes may be incomplete in the neck, while perfected in the body. As hyperplasia may be localized in the cervix, corpus uteri, or be general, its exact seat is revealed by vaginal and rectal touch, specular, bimanual and sound explorations.

If the cervix is involved, it is generally the anterior lip which is affected; if the body, it is the posterior wall which is more frequently involved, stimulating fibroid infiltration.

To the more frequent implantation of the placenta on the hinder walls, and consequent increased risks of delayed involution, and to the fact that retroversion is one of the most common form of displacement after parturition, may be attributed this special localization. There are no symptoms in hyperplasia pathnomonic of it, none that belong exclusively to it, none but what are found in other chronic pelvic (especially uterine) disease. Many of the symptoms are dependent largely upon the degree of hyperemia, with the increased bulk and weight of the uterus. Others result from certain complications such as chronic endometritis, almost constantly present. The most common local symptoms, which in a great proportion of cases date back to a confinement, are sensations of heaviness, weight and dragging within the pelvis, aggravated by walking, standing, and especially running the sewing machine, and the approach of menstruation. The performance of the last named function necessarily augments the local blood-supply, increases the uterine weight, and consequently the tesion upon the uterine ligaments. Urination and defecation may now be made frequent and painful by direct pressure of bladder or rectum on the uterus, or by a sympathetic irritation.

Vesical irritability is sometimes one of the most annoying of all symptoms. Cocygodynia, usually a neurosis, is another example of reflex

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uterine irritation. Leucorrhea is, as a rule, present on account of existing endometritis. The menstrual function will be disturbed in time, duration, quantity or quality, according to the stage of the disease, the degree of hyperemia and the portion of the organ which is especially involved.

At the beginning of the disease, whether from subinvolution or otherwise, as a rule, menstruation is profuse, prolonged or too frequent. The menstrual flow becomes less free until it is scant, or may after years become very irregular and cease altogether, thus causing an "early change of life." The uterus becoming harder and denser as the diseased condition produces growth of the connective tissue. A dull aching pain through the uterus and a congestive dysmenorrhea—is often experienced, commencing a few days prior to the menstrual flow and increasing until it is well established. It is usually relieved by the depletion caused by the flow. All of these symptoms are aggravated by the occurrence of any serious amount of displacement. They are likewise more pronounced when the body of the instead of its neck is the seat of the disease. The productive functions are affected in various ways. Subinvolution and beginning hyperplasia, appear rather to favor pregnancy, though abortions are more apt to follow.

Advanced stages of hyperplasia and sclerosis are attended with sterility. Pregnancy completed, parturition normal, a prolonged careful attention during the lying in state will doubtless do much to impove the previously existing morbid condition of the uterus.

The treatment of the various conditions of enlargement is so dependent on their causation, that each individual case demands a separate investigation. The ideal way of approaching this subject lies in the direction of prevention, which in a great many cases the attending physician is able to do. But as gynecologists we meet disease already developed, and we have to devise methods which, if not curative, are to say the least, palliative.

Our first attention to the patient is to see that the bowels are kept freely opened, and the digestive organs are in as good a condition as possible. Give, if necessary, a tonic to stimulate the appetite, and in every way doing what we can to improve the conditions of her general health.

I believe it advisable in all cases that the patient be placed in a recumbent position at least for a while, and ascertain, if possible, the exciting cause of the disease. We must have the patient abstain entirely from sexual excitement.

It is my experience that all cases of this kind do better in a hospital or sanitarium where absolute quietude can be had. It is essential in nearly all cases to make a curettement, for in this disease we generally have endometritis of a granular nature. By curettement we not only remove the diseased endometrium, but also assist in depleting the entire organ which is very essential in this disease. To make the blood-letting more complete, I have found it necessary to make several incisions or punctures over the cervix. It may be necessary to make two or three curettements before the patient is relieved.

In order to make a curettement in the correct way we must first dilate the cervix, so that we have proper drainage. Should a laceration exist

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large or small, it is our duty to repair it as soon as possible, for we all know that a very slight laceration will in itself cause enough irritation to produce this disease, or to continue it when it already exists.

Should there be no laceration but a granular endometritis, and we cannot make a curettement, I have found nothing better than the application of a 95 per cent carbolic acid to the entire diseased mucous membrane, always being very cautious not to let any of the acid come in contact with the mucous membrane of the vagina. Should this occur, however, we should at once apply alcohol which will neutralize the phenol.

In making this application I use a strip of gauze one inch wide and two feet long, saturate it with carbolic acid, squeeze the surplus out and then pack the uterine cavity leaving it in place for 48 hours. This is also necessary after curettement if we are treating an infected uterus. Repeat this four or five times, and at the same time tamponing the vagina with wool or cotton saturated with a solution of boroglyceride. This will give the very best results in the majority of cases. I do not believe the steam and hot water treatment will ever be used with any success in general practice, or that it will be very popular in hospital work. Iodine and the caustics in my hands have not been of much service, in fact, in my opinion the caustics do more harm than good.

In neurotic patients nothing is better than a change of climate and scenery. In some cases a simple change in the surroundings do much good. To sum up the treatment, we should rest the patient, remove the cause, deplete the diseased organ and, if possible, improve her general health.

6091½ Francis street.

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THE POSSIBILITIES OF THE NORMAL SALT SOLUTION.

L. Clyde Davis, M. D., St. Joseph, Mo.

BEFORE going into a discussion of the above subject, one that I consider of paramount importance, and also one that is deserving of inexhaustive investigation and experimentation by the medical profession, it may be well to define my position in the matter.

When the idea embraced in the subsequent pages first came into my mind, I decided to experiment and demonstrate my theories upon the lower animals. But the more I thought of the matter, the more apparent it became to me that those ideas were no longer theories, but were rather stern common sense facts; and up to the present time no argument has been brought to bear upon me that has caused me to change my mind in the least. Therefore, after giving the subject, in all its different phases, my utmost consideration, I have resolved to make known to the profession, what I have maintained to be common-sense facts, and suffer the consequences, whether it be praise or ridicule. In fact the latter is the most effective. It will be impossible to embrace in this paper alone, all the different uses, and all the different pathological processes in which in my opinion the normal salt solution will attain brilliant results. But it is rather my intention to present only a general outline of my opinions. As far as I have been able to ascertain, about the only conditions in which the saline solution is used at the present time is in the treatment of shock, induced by the loss of blood, by intravenous injection, and probably the occasional washing out of an infected belly cavity. It has been found where used to supply the loss of blood to do an almost unlimited amount of good. It being a most powerful cardiac and nutritive stimulant, as well as possessing a peculiar property of including the production of new and healthy red blood corpuscles. As a result of its employment in this particular class of cases, a great many patients that were in a state of almost fatal collapse, owe their present existence. These facts and these facts alone are the foundation of the reasoning that prompted me to write this paper.

If the saline solution will impart to the system lost or severely impaired vitality in this class of cases, I ask, why in the name of common reason will it not do the same in other pathological conditions, where the state of affairs are practically the same, but that are not caused by the same thing, the deciduated loss of blood, but that are caused by toxines, both drug and germicidal, or more plainly speaking, conditions or diseases which depend upon the blood and tissues of the body for their cultivation and overwhelming multiplication, which at the present time, always terminates fatally, if the resistive powers of the patient and a few drugs will not destroy the infection or counteract the effect of the drug? Unfortunately there are numberless conditions where the vitality of the patient and the drugs count for naught, and as a result of the pent up poison in the circulatory system the sufferer dies.

Man has yet to devise a culture medium for the cultivation of bacteria that equals the human organism in this respect. It seems as though

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our poor bodies have been particularly adapted for that purpose. A culture medium devised by man must be made to favor the growth of that special germ that is to be cultivated. But nature has been intensely kind to the medical profession and to micro-organisms, in adapting the human body as a fertile soil for the growth of every character of bacteria. It matters not what it is.

The most important constituent of the human body being the blood, it is also the prime factor in promoting the growth of the infection, and allowing it to penetrate every limb, organ, tissue and recess of the anatomy, and thereby overwhelming the patient with its virulence, and destroying what the sufferer most dearly loves—his life.

It is needless to go into detail as to how this is accomplished; because all are familiar with what is known at the present time concerning it. There are a great many things that we do not know; but we do know that any poison, whether it be drugs or bacteria, is rapidly absorbed by the blood. If the quantity of the toxine is large enough, this absorption soon causes severe constitutional disturbances that keep increasing, until, as it is too often the case, the patient succumbs to the inevitable onslaught of the powerful toxine and surrenders his life.

Of late years, blood-letting or venesection has fallen into disrepute and is rarely, if ever, used at the present time. But I say, all hail to our venerable ancestors of the medical profession who did resort to it. They had advanced one step in the right direction when they attempted to relieve their suffering patients of the virulent poison that was pent up in their circulatory system, by opening the veins. Of course, with only at their command this single expedient, that of bleeding, they lowered the vitality or killed their patients by so doing. But, in my opinion, we now have at our fingers' ends the means to counteract the untoward effects of venesection, and that is the intro-venous injection of the normal salt solution. Some have been incredulous to maintain that it will do no good. Yet, as I have said before, I have yet to hear the argument that will convince me to the contrary, and I still assert that it will prove supremely beneficial in all cases of drug toxemia or septic intoxication, or in any condition where the blood is overloaded with drugs or bacteria, causing general constitutional pathological conditions.

The human body may be compared to an acute circumscribed abscess. Before it is possible for the regenerative powers of the tissues to restore the normal condition of the part, it is necessary to open the abscess and drain it of the poison causing the pathological process, so it is with the entire body, it must be drained of a certain amount of the toxic blood and replaced by an agent that will assist regeneration; and in the normal salt solution we have that agent, to be used in co-operation with other effective means we now have at our command.

The conditions where in my opinion its use is indicated: I will assume that the patient is in a state of profound collapse, with a slow and fast weakening heart, accompanied by a sluggish circulation; of course it is the height of folly with the patient in this condition to withdraw blood from the vessels and allow the central ones to become engaged, the one at

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the periphery to collapse, this procedure always means death, but to overcome this barrier I have devised instruments with which it is possible to withdraw a certain amount of the poisoned blood and replace it with a like amount of the saline solution simultaneously; thereby keeping the volume of fluid in the vessels exactly the same, and at the same time relieving the patient of a certain amount of the virulent poison, and replacing it with the powerful stimulating properties of the normal salt solution. Nature is able to dispose of so much of the toxic element, and no more so if by the above process we can assist nature by mechanically withdrawing a certain amount of the toxine and replacing it with a powerful cardiac, nutritive stimulant and antiseptic agent, without increasing the danger to the patient in the least, I ask, why not do it?

I myself see no logical reason why such treatment is not possible as well as eminently practicable. I do not mean to say this, and this treatment alone will attain the brilliant results I claim for it. But with other means at our command, such as external heat, alcoholic stimulants, cardiac excitants and nutritious diet used judiciously in combination with the above plan will accomplish all that is claimed that it will.

In this paper it is my intention to give an outline of what I would consider good and beneficial treatment in two different classes of toxemia. But even they, all things being equal, produce practically the same condition, profound depression and collapse. I first will consider septic intoxication or septicemia.

Senn says: That septic intoxication or septicemia is caused by the absorption of a preformed ferment or toxine, which produces the maximum result as soon as it reaches the circulation, and the symptoms subside with the arrest of further supply and the elimination of the septic material from the blood. At the present time we have absolutely no means of preventing septicemia other than prophylactic means; it rarely ever occurs in cases of wounds made by the scientific surgeon, but it is usually the result of slight accidental wounds, and are brought to the surgeon's attention too late for him to be of much service other than to give his attention to the wound of septic entrance. Antiseptic means should always be most rigidly carried out here, the bowels, kidneys and skin should be kept active, external heat, cardiac stimulants and nutritious diet are to be judiciously employed. The temperature is better let alone than be lowered at the expense of the heart by antipyretics, or cardiac depressants. As I have before stated, this is about the extent of the treatment at the present time. But I beg leave to add to the above the judicious use of the normal salt solution; with the heart supported by cardiac stimulants and the general system by good, rich, easily digested food, a pint of the fatally poisoned blood can be withdrawn from an ordinary individual and be replaced by the life saving properties of the saline solution. If the patient shows an evidence of a reaction the process can be repeated from time to time at the discretion of the surgeon. All that is necessary is merely to assist nature in eliminating these deadly ptomaines from the circulation at such times as it is indicated, thereby relieving the patient each time of a certain amount of the septic material

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hat is threatening his life. If Senn is to be relied upon, this treatment is in accordance with his words quoted above.

The next form of poisoning that will be considered is that of opium or any of its products. It is only too often the case that when the physician reaches his patient he finds him in that deadly stupor or unconsciousness that characterizes this form of toxemia. As a result of this condition it is next to impossible to give either an emetic or wash out the stomach, and if so it would probably be of little avail, as the major part of the poison is already coursing through the circulatory system. Apomorphia may be used, but in my limited experience it is not to be relied upon. So about the only thing left to do is to resort to external heat. Black coffee per rectum and strychnine, hypodermatically, which in the patient's condition, as described, only tends to prolong life a short time by temporarily increasing the cardiac strength. But if in connection with the above treatment we open the veins and relieve the patient of a certain amount of the poisoned blood, and replace it with an intro-venous injection of the normal salt solution from time to time, in my opinion there is an excellent chance for the patient's recovery.

I could enumerate numberless conditions where the blood is the prime factor where the saline solution would do an unlimited amount of good, especially in the exanthematous diseases and specific fevers. The preparation of the saline solution, its temperature, and the instruments used in its introduction into the circulatory system is of vast importance. As before stated, I have devised instruments for this purpose, that I shall speak of in a subsequent paper, if this paper meets with the approval that I sincerely think it deserves.

THE TREATMENT OF SEPTIC PERITONITIS.

By J. B. Boucher, M. D., Hartford, Conn.

IN the first case to which I refer I operated the abdomen when the patient was nearly pulseless. The peritoneal cavity contained pus and the intestines were generally adherent. The cavity was washed out with an aqueous solution of acetozone. The patient rallied, the inflammation subsided and the various visceral functions were in a nearly normal condition when the patient, who had an old heart lesion, died from heart failure, ten days after the operation.

Another case was that of a woman with general septic peritonitis following criminal abortion. The pelvis contained a large quantity of pus and the abdominal cavity was filled with sero-pus. After flushing with several gallons of acetozone solution, drainage was established through the wound and through the vagina. Frequent irrigation was practised for several weeks when an acute obstruction of the bowels occurred, which I found on opening the abdomen the second time was caused by peritoneal adhesions. The patient also had a septic pneumonia. Drainage was re-

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established and the irrigations were resumed, the patient making a splendid recovery in nine weeks.

I feel sure this case was saved by acetozone. When I first opened the abdomen the odor was very offensive, but none was observed at the time of subsequent dressings.

A SLIGHT REACTION.—A well known Brooklyn physician of Spanish extraction has not yet mastered the intricacies of the pronunciation of the English language. Some time ago the doctor had occasion to send a specimen of urine for chemical examination to a druggist who attends to this work for the physician. A servant was dispatched with instructions that the druggist should "taste" it. The fluid was in an ordinary wine bottle, and the German druggist eagerly swallowed a good sized draught, and immediately declared it to be the worst wine he ever had the misfortune to sample. When the doctor informed him that it was a specimen to "test" chemically, the druggist was enlightened, but not satisfied.—*Med. Arena.*

THE SECOND INTERNATIONAL CONGRESS OF THE MEDICAL PRESS, MADRID, APRIL 20-22, 1903.—It has been definitely settled that the date of meeting of the Second Congress of the Medical Press shall be April 20, 21 and 22 next (the 14th International Medical Congress meets in Madrid 23th to 30th). Those attending the Press Congress will enjoy the same railway and hotel advantages which are offered attendants at the Medical Congress. Half rates have been made on the Spanish railways, and it is hoped to get the same concession from foreign lines. Tickets are good from the 10th of April to the 20th of May. Membership fees will be 25 pesetas for active members and 10 pesetas for associate members. The official languages will be: Spanish, French, German, English and Italian. At the close of the Congress the papers presented and the proceedings of the Congress will be published, the volume will be sent to all active members. Papers should be sent to the general secretary before March 31st, 1903, and membership fee before the 15th of April. Spanish Committee of Organization: *President:* Dr. Cortezo, Member of the Royal Academy of Medicine, Deputy. Ex-Director of Health, and editor of "Siglo Medico." *Vice-Presidents:* Dr. Ulecia, managing editor of "Revisita de Medicina y Cirugia y Praticas;". Marin Sancho, President of the Spanish Association of the Medical Press, managing editor of "Farmacia Espanola. *General Secretary*: Dr. Larra Cerezo, Member of the Royal Academy of Medicine; Professor of Legal and Military Medicine in the School of Military Medicine in Madrid, and managing editor of "Revista de Clinica terapeutica y Farmacia. *Secretaires-assistants*: Dr. Castelli, managing editor of Revista medico hidrologica. Dr. Calatraveno, managing editor Correspondencia Medica, correspondant of cademie de Medecine, etc. *Treasurer:* Remartinez, managing editor of Veterinaria espanola. For all information address the General Secreatry, le Dr. Larra Cerezo, 17, Leganitos, Madrid.

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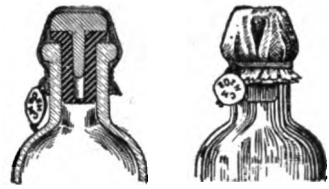

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Food for the sick requiring to be leavened is made more nutritious and healthful by the use of this leavening agent than by yeast or other baking powder.

NOTE—Cheap and imitation baking powders are recommended and their sale pushed by certain grocers because of the greater profit in them. These imitation powders almost invariably are made of alum. Alum costs but two cents a pound, while cream of tartar costs over thirty cents. Alum is employed simply because it is cheap, but every physician knows that the use of this corrosive poison in food is at the cost of health. Think of nursing mothers, delicate girls and sickly children being fed on food made with alum!

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"My desire and aim have been to utter nothing but the truth. I have no love for error in any form or in any field of knowledge."—HIRAM CHRISTOPHER.

The Medical Herald.

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T. B. ALLEN

ST. JOSEPH, MO., MARCH, 1903.

The Editors' Forum

FIRST AID TO THE INJURED.

A suggestion has been made by Mrs. Ballington Booth, of the American Volunteer Army, who has had an unusual experience in the number of accidents she has observed in railroad travel, that anesthetics and anodynes be kept upon all passenger trains to be promptly given for the relief of persons injured, particularly those fatally injured. Strange indeed this has not been thought of before. One shudders to think of the untold agony endured by the multitude of persons injured in wrecks.

It would seem that the suggestion has but to be made to be made available. Careful training in first aid to the injured should be one of the first lessons of a railroad employe. The last few months have been almost unparalleled in the frequency of railway collisions and the number of deaths. True, statistics seem to show that one is safer on a railroad train than off it, that is inside a passenger coach, but for humanity's sake means should be devised to prevent the "slaughter of the innocents" among engineers and other workmen—the maiming and killing of whom is recorded with sickening frequency.

Railroad employes are as a rule men possessed of more than ordinary intelligence. To have spent a few years in the service of a railroad company on a passenger or freight train means that the individual has become trained to rapid thinking, and is prepared to meet emergencies. The value of these men could be much increased if they were trained as we have suggested in first aid to the injured. Strange indeed that our schools and

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colleges ignore this essential training of our children and youth. Rarely do we find a young man or young woman who knows how to meet an emergency, that is, to control hemorrhage, give an anesthetic or a hypodermic of morphin, yet abundantly useful information could be gathered along these lines in a very few hours training. Much stress was placed upon the fact that in the late wars the soldier of the line was equipped with a package containing a constrictor, a bandage and suitable dressing for immediate attention in case of injury. Railroad corporations stand first in their thoughtfulness for the comfort of their employes and of their patrons, and we sincerely hope that a department, very much neglected when compared with others, may receive immediate and considerate attention, thereby preventing indescribable agony and saving valuable lives.

W. J. B.

AMERICAN CONGRESS ON TUBERCULOSIS.

This important and praiseworthy association has been reorganized on medical lines, and the personnel of its officers and council is indicative of a strong organization, one that is fully equipped for a successful campaign against the ravages of the great white plague. This congress has recently been granted a charter, thus making it a legally organized body, and greatly facilitating its progress. It is proposed to hold an International or World's Congress on Tuberculosis, along strictly ethical lines, at St. Louis, in July of the World's Fair year. A large number of representative men, including the heads of Army and Navy corps, have accepted positions on the advisory committee, and invitations have been issued to physicians of national reputation in every civilized country.

It is the earnest desire of the energetic and capable secretary, Dr. Geo. Brown, of Atlanta, Ga., that he be informed as to the names of officers and dates of meeting of all medical societies, especially those which pass resolutions in favor of the World's Congress on Tuberculosis at St. Louis. The co-operation and assistance of all medical men who are interested in this important subject is earnestly solicited, as well as the support of all societies organized for the purpose of promoting legislation for the prevention of tuberculosis. The officers of the Congress are as follows:

Honorary President, Dr. Henry D. Holton, Brattleboro, Vt.
President, Dr. Daniel Lewis, New York.
First Vice-President, Dr. J. A. Egan, Springfield, Ill.
Second Vice-President, Dr. Frank Paschal, San Antonio, Tex.
Third Vice-President, Dr. E. J. Barrack, Toronto, Canada.

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Fourth Vice-President, Dr. Irving A. Watson, Concord, N. H.
Fifth Vice-President, Dr. Chas. Wood Fassett, St. Joseph, Mo.
Secretary, Dr. George Brown, Atlanta, Ga.
Treasurer, Dr. P. H. Bryce, Toronto, Canada.

PHYSICIAN FOR PRESIDENT OF THE UNITED STATES.

The *Philadelphia Medical Journal* says editorially: "It is rather interesting to note that the recently elected governor of Rhode Island, who is a physician, has been prominently mentioned as a candidate of one of the great political parties for the Presidency. It is not the function of this journal to boom any man for President of the United States, even if he be a doctor of medicine, but still we cannot fail to note this interesting fact. Dr. Garvin is not the only physician who is a governor of a State at the present time. There is also Dr. Pardee, of California. It is often said that only soldiers and lawyers are elected to the presidency. Well, there is also General Wood, who is both a soldier and a doctor. Stranger things have happened than the election of a physician to be President."

Missouri, too, claims the distinction of having a Doctor-governor—the Hon. A. M. Dockery, M.D., who is filling the chair at Jefferson City in a most creditable manner. He, too, has been "mentioned" as an eligible candidate for the Presidency.

MEDICAL ASSOCIATION OF MISSOURI.

Active preparations are being made for the meeting of the Missouri State Medical Society, which will be held in Excelsior Springs, April 21, 22 and 23. An excellent program is being prepared, and the Committee on Arrangements announces that hotel accommodations are ample for all who will attend. It is important, however, that reservation of rooms should be made in advance. In another part of this issue will be found the officers and committees of this society. The Burlington, in connection with the Wabash, will make special rates for this occasion, and arrangements for special train service will be announced later.

DELEGATES TO THE INTERNATIONAL MEDICAL CONGRESS.

Dr. Woodson Moss, President of the Missouri State Medical Association, has appointed the following delegates to the International Medical Congress, Madrid, Spain, April 23 to 30: Drs. John H. Duncan, A. R. Kieffer and Pinckney French, St. Louis; J. D. Griffith, A. H. Cordier, Jas. E. Logan and F. B. Tiffany, Kansas City; Jacob Geiger and Chas. Wood Fassett, St. Joseph; C. M. Jackson, Columbia.

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DISCIPLINE.

The formula for expressing one's views, according to Mr. Seymour Eaton, in the Book-lover's Magazine is as follows: "Most people can say their best on any topic in three or four hundred words; to go beyond this is either to repeat, or to pad." Mr. A. M. Fisher, of the New York Railroad Club, recently read a paper on "Efficient Discipline." He has expressed his views on this subject as follows and in conformity with Mr. Eaton's formula: "Discipline implies discipleship, and that constant discipline to be efficient, must not end all in one direction; that is, it must not emanate only from an official toward an employe—many times it must come from an employe to a superior in the way of suggestions. To foster this mutuality of discipline, employes must be imbued with the idea that they are working *with* not *for* a superior. Being an efficient disciplinarian implies that the individual has a thorough knowledge of matters entrusted to him, and that he is a good judge of motives. He must expect men to make mistakes, but motives must determine whether discipline shall be punitive or corrective. An efficient disciplinarian is very careful in the use of the word 'why,' for by frequent use it degenerates into 'whine,' and a man who whines courts disloyalty—the greatest foe of efficient discipline. Freedom from jealousy, or from fear of being outdone, is a winning factor in accomplishing efficient discipline."

ALBERT S. ASHMEAD.

CENTRAL MEDICAL COLLEGE.

The commencement exercises of this institution were held in the Tootle Theater on Friday evening, February 27th. when a class of twenty-five was graduated. Dr. T. E. Potter delivered the faculty address, and Mr. Chas. H. Mayer, the citizens address. The valedictory was by Dr. Edward T. Molzhan. After the exercises an elaborate banquet was given to the newly made doctors at Hotel Metropole.

Following is a list of the graduates: Louis F. Bode, Chas. W. Cole, Egbert Crowson, F. G. Dedrickson, E. F. Fequa, E. L. Gardner, J. A. Gray, D. O. Groves, Frank E. Hogan, D. J. Hunterson, C. C. Keeler, Ralph R. Kelley, Edwin Lewis, Edw. Molzahn, M. S. McCarthy, A. M., L. O. Nye, H. C. Powers, I. E. Ruhl, W. L. Rose, Hugh Scott, J. A. Spring, C. O. Thomas, Will M. Wallis, J. M. Willis.

Let Your Light Shine.—Send the Herald a report of any interesting case that you may have had, and that you may think will be of interest to the profession.

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ENSWORTH MEDICAL COLLEGE.

Degrees were conferred upon fourteen graduates at the annual commencement exercises of this institution, held at the Tootle Theater on Saturday evening, February 28. An interesting program had been prepared for the occasion, Dr. W. B. Deffenbaugh delivering the address on the part of the faculty. Dr. M. P. Hunt gave the citizens' address, and the degrees were conferred by Dr. Thos. H. Doyle.

Following is the list of the officers and members of the graduating class: John R. Elliott, President; John C. Whitsell, Vice-President; D. F. Bingham, Treasurer, and Clyde L. Davis, Secretary. C. W. Martin, H. L. Tadlock., C. E. Waller, Earl H. Welcome, Lee Pryor, David D. Yates, E. F. Collins, John Cox, Fred Haskins and Lewis Long.

INTERNATIONAL MEDICAL CONGRESS.

The party which is being organized for a trip to Spain, will leave Chicago, via the Wabash, on April 9th, stopping at Niagara Falls, for the benefit of those who have never seen this wonderful sight. Those who wish reservations on this train, and on steamship, should apply at once, in order to secure accommodations. The party will sail from New York on the North German Lloyd twin-screw steamship, "Princess Irene" on April 11, 4 p. m. Fare for round trip, New York and return, including all expenses, $275. Western members of party will meet at Palmer House, 10 o'clock a. m., April 9th. For reservations, address

DR. CHAS. WOOD FASSETT, St. Joseph, Mo.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The spring meeting of this association will be held in Council Bluffs, Iowa, on Thursday and Friday, March 19 and 20. The membership of this society includes the representative men of Iowa, Nebraska, Missouri, Kansas, North and South Dakota, and the meetings are always interesting and profitable to those who attend. A feature of the first day's session will be a symposium on Syphilis, and on the second day a symposium on Typhoid Fever will be presented.

The program just issued contains the titles of thirty papers.

In the evening of the first day, the society will be entertained by the Elks Club of Council Bluffs.

Headquarters and meeting-place, Grand Hotel. Reservation of rooms should be made at once.

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The Doctors' Library

PHYSICIAN'S PRACTICAL GYNECOLOGY. By W. O. Henry, M.D., Professor of Gynecology in the Creighton Medical College, Omaha, Neb. First edition; 226 pages, 5 full-page illustrations and 61 illustrations in the text. Lincoln, Neb.: The Review Press. 1902. (Price, cloth, $2.00).

This book adds nothing to the store-house of gynecological information. There is nothing particularly striking in the method of presentation of the subject or the literary style of the author. If there is an original idea of any value in these pages the reviewer has not found it. In view of the many superb works now available for the student of gynecology as well as the active worker in this sphere of medical enterprise the only reason for the printing of such a book would seem to be a matter of convenience for the author's pupils. This purpose it answers admirably for the book is well made, the paper good and the type clear. B.

THE AMERICAN TEXT-BOOK OF OBSTETRICS. In two volumes. Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickinson, M. D. Second edition, thoroughly revised and enlarged. Two handsome imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone plates. Philadelphia, New York and London: W. B. Saunders & Co. (Price, Cloth, $3.50 net; Sheep or Half Morocco, $4.00 net.)

This is a work for the student and practitioner alike. It makes clear those departments of obstetrics that are at once so important and usually so obscure to the medical student. The obstetric emergencies, the mechanics of normal and abnormal labor, and the various manipulations required in obstetric surgery are all described in detail, and elucidated with numerous practical illustrations. Since the appearance of the first edition many important advances have been made in the science and art of obstetrics. The results of bacteriologic and of chemicobiologic research as applied to the pathology of midwifery; the wider range of surgery in treating many of the complications of pregnancy, labor, and the puerperal period, embrace new problems in obstetrics, some of which have found their place in obstetric practice. In this new edition, therefore, a thorough and critical revision was required, some of the chapters being entirely re-written, and others brought up-to-date by careful scrutiny. A number of new illustrations have been added, and some that appeared in the first edition have ben replaced by others of greater excellence.

By reason of the extensive additions the new edition has been presented in two volumes, in order to facilitate ease in handling. The success primarily achieved unquestionably awaits this present edition, as we know of no more commendable work on the subject.

These volumes give an entirely different impression from that of the average text-book, and the writer unhesitatingly places them among the very first, if not the first, of the series of American text-books. They show at once the work of master hands and thoroughly trained minds. The impression given is that of infinite pains in preparation. There is no effort to throw a lot of facts together—each fact seems in its proper place. One thing very pleasing to a scholar is the reference to the various sources

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from which information has been gathered. One knows exactly upon what authority a given position rests.

It will be a long time before these volumes will be replaced as a text-book for the student and constant counselor of the active worker in obstetrics. B.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1903. A yearly Digest of Scientific Progress and Authoritative Opinions in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D., In two volumes—Volume I, including General Medicine, Octavo, 700 pages, fully illustrated; Volume II, General Surgery, Octavo, 670 pages, fully illustrated. Philadelphia, New York, and London: W. B. Saunders & Co., 1903. (Per volume: Cloth, $3.00 net; Half Morocco, $3.75 net).

We do not know of any similar publication, either American or foreign, that can compete in any way with this excellent Year-Book, published by W. B. Saunders & Company. It is not an indiscriminate collection of extracts clipped from any and every journal; the matter is carefully selected, edited, and in numerous cases commented upon by the eminent authorities whom Dr. Gould has enlisted as his assistants. Every new theory and scientific discovery worthy of the consideration of the profession has found a place in this unusually complete year-book; and the names of the several editors are sufficient guarantee of a proper discrimination. The work comes to us in the same dress as last year—in two volumes. Volume I contains General Medicine, and Volume II General Surgery, the volumes being sold separately if desired. As usual the illustrative feature is well taken care of, there being eleven full-page inserts, besides many excellent text-cuts. We strongly recommend Saunders' American Year-Book as the best of its kind on the market.

One can do no more than call attention to such a work as this, a critical review being out of the question. It is as essential for an adequate understanding of the year's progress in medicine and a working knowledge of any investigation of merit, as Gray's anatomy is for the student of anatomy. B.

DISEASES OF THE PANCREAS AND THEIR SURGICAL TREATMENT. By A. W. Mayo Robson, F.R.C.S., Senior Surgeon, Leeds General Infirmary; Emeritus Professor of Surgery, Yorkshire College, Victoria University, England; and B. G. A. Moynihan, M. S. (Lond.), F. R. C. S., Assistant Surgeon, Leeds General Infirmary; Consulting Surgeon to the Skipton and the Mirfield Memorial Hospitals, England. Handsome octavo volume of 293 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. (Cloth, $3.00 net.)

This work, dealing with the surgical aspect of pancreatic disease, has been written with a two-fold object: to record and to review the work done in the past, and to indicate, so far as possible, the scope and trend of fu-

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ture research. We can state freely and unreservedly that the objects aimed for could not have been better accomplished. It is only within recent years that any material progress in regards to our knowledge of the functions and diseases of the pancreas has been made, and a work like the present volume, the combined efforts of two such distinguished surgeons, will most certainly be welcomed by the profession.

The work is an excellent one, and besides containing a very commendable exposition of the various diseases and injuries of the pancreas, it includes an accurate account of the anatomy, abnormalities, development, and structure of the gland. We endorse the work most heartily, and believe every physician and surgeon will find its perusal of unusual advantage.

Here indeed is something new, and the writer can assure any one who will carefully read this book a reward such as comes less than once a year. Not for many months has it been our privilege to go through a book giving such an amount of fresh, useful and well classified knowledge, and that too in a field of research of which the majority of us at least knew nothing. This valuable book stands alone as a record of the information now garnered concerning the disorders of the pancreas and as a guide for future investigation. B.

It is a peculiar fact that the letters and other writings of DeQuincey, Carlyle, Darwin, Huxley and Browning, liberal as they are with reference to the continued ill-health of those great writers, have not before this suggested to the medical profession an opportunity for research into the causal factors of those physical conditions. That the opportunity has not until now being recognized in its proper light is evidenced by the hitherto total absence of any work dealing with this subject. Dr. George M. Gould's Biographic Clinics (P. Blakiston's Son & Co., Philadelphia) which is devoted to this neglected subject should, therefore, prove a most unique and valuable contribution to biographical and medical literature. The work is announced for publication in December. Dr. Gould has gathered from the biographies, writings and letters of the five named men every reference to their ill-health. Each endured, as is well known, a life of suffering which made almost every day a torment, and by which their work and worth as an asset of the nation and civilization was conditioned and often rendered morbid. The cause of their affliction was an utter mystery to their physicians. No explanation explained, and no cure cured. Dr. Gould has gone into the "why" of this very thoroughly, and the conclusion reached by him, from logic and from a careful summary of the clinical symptoms, is that each of the writers suffered from eye strain, and that scientific correction of their ametropia would have transformed their lives of mystery into lives of happiness. A history of the discovery of astigmatism and eyestrain, with a discussion of its indications and responsibilities, completes the work. It is interestingly written, and will undoubtedly meet with a ready sale among medical men and those interested in the works and lives of the quintette of great writers.

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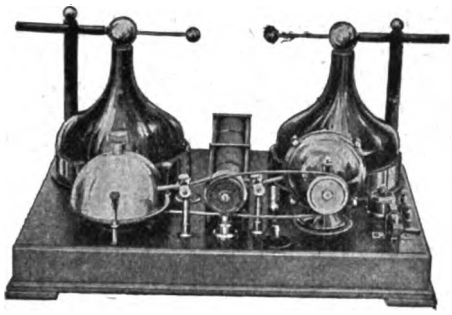

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Medical Miscellany

For Herald Readers.—Papers from the following writers will appear in early issues of the Medical Herald: Drs. Hugh T. Patrick, Chicago; A. L. Wright, Carroll; A. L. Beet, Gilmore City; Geo. Park, Sioux City; W. R. Brock, Sheldon.

Lemon Juice Prophylaxis Against Typhoid.— Dr. A. V. Latham (*J. A. M. A*) states that the antiseptic properties of lemon juice have been known for years. He says: "Many years ago I was warned to use lemon juice when traveling, as was the custom of my father, the late Dr. John Latham, of Lancashire, Eng. He made a practice of doing so and urging patients to do the same. Since teaching in universities I seldom failed to give the same suggestion to students, especially those from out-of-town districts, until they became used to the water supply. So many people have used the lemon with water to get rid of the earthy or brackish taste in mountain and country districts, and especially on shipboard in the tropics, that it was always thought it was for safety. Another use is the drinking and gargling of throats or swabbing by the grandmother or parents in children suffering from diphtheria, for it is well known to kill the bacilli very quickly—especially when used pure. Again, sailors are apt to regard lemons as a cure for jaundice, liver troubles and their allies, as it is supposed to act on the bile both to aid its antiseptic and intestinal effects. Few sailors will go to the tropics without lemons or lemon juice and as one who sails the Brazil said, 'It's better than your pills except quinin for the chills,' and here again they remember it aids in solubility and flavor."

A Compliment to Dr. Mitchell.— Dr. S. Weir Mitchell, in *The Pilgrim*, tells this story of an experience which he had in Europe: "While in Austria I was taken suddenly ill, and fearing my case to be a case of 'aggravated nerves,' I had summoned quite the most famous nerve specialist in Vienna. After making the necessary examination, he said to me, 'I see that you are an American.' I confessed that I was, fearing at the same time he might regret having answered the call that had been made on him. 'It is quite extraordinary that an American should consult a Viennese physician when troubled with nerves. From what part of the country do you come?" he inquired. I informed him that my home was in Philadelphia. At that his eyebrows lifted strangely, and he fairly gasped. 'Philadelphia!' he exclaimed. 'Came to Vienna to be cured of a nerve trouble when you live in Philadelphia!' He made no effort to conceal his amazement, the cause of which I could not imagine. 'Why not?' I asked. 'Because, he replied, 'you have in Philadelphia the greatest and most famous nerve specialist in the world.' 'And who is he, pray?' I asked. Much to my surprise—and you can imagine the blush that mounted to my cheek—he replied: 'His name is Dr. S. Wier Mitchell—he is the most famous.' I concluded then that he had not been informed of his American patient's name, and I consider the compliment he so unwittingly paid me quite the most delightful experience of that European trip."

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For the Children's Health.—Prescribe one thoroughbred shetland pony. For information, address John Rau, Station B., St. Joseph, Mo.

Rheumatism—Iodide of ammonium, according to DaCosta, is a reliable remedy in rheumatism, but it must be given in large doses—60 to 80 grains a day—well diluted.

An Unheard-of Thing.—Doctor (to messenger boy): "So yo' mummer say ez what de yarbs ain' done her no good? Wait er minnit" (consults book). "Yi! I thought so? Ask yo' mummer how she spec de yarb do good when de bill ain' paid?"—*Harper's Bazar.*

Dr. S. Weir Mitchell is the oldest story-teller now writing for the English-reading public; he is one of the most famous physicians in the world, and if he were known by nothing else than his verse he would take high rank among poets. His latest volume, "A Comedy of Conscience," about to be issued by The Century Co., is one of the best "detective" stories (if it may be classed in just that category) that has appeared in years. It has also a distinct psychological and ethical interest.

Duty of the Press.—The medical press owes it to the safety of the w orld to save it from the beauty doctor's beauty marks of bichloride of mercury and other poisonous potions and masks that prove death-masks, the venders of cocaine and strychnine pick-me-ups, vicious developers of body form, change-of-life arresters, and manhood savers which are youth and virtue destroyers. It should step forward and stamp out these public-press-fostered vipers of female purity and fireside virtue.—*Alienist and Neurologist.*

Exophthalmic Goiter.— Halstead holds to the hyperthyroidization theory of exophthalmic goiter and pleads that where a fair trial of the medical treatment has been made and the patient not too reduced, surgical treatment is indicated. It is positively indicated where the goiter is large and causes marked pressure symptoms, especially where there is great dyspnea and asphyxiation is threatened. In very severe cases no prolonged operation can be done and only tracheotomy for temporary relief be borne. Another positive indication is where the degree of exophthalmus is such as to endanger their eye. Operations on the gland, however, frequently do not immediately influence the exophthalmus and sometimes do not aid at all. For such cases excision, preferably bilateral, of the cervical sympathetic seems to be the best method of relief. The surgical treatment, as a rule, is more useful in cases of rapid development than in the chronic form. The operative measures are ligation of the thryoid arteries, exothyropexy, enucleation of nodular growths, and partial or unilateral excision. None of these excepting the latter is considered specially advisable by the author. The operations on the cervical sympathetic are simple section, partial resection, total bilateral resection and stretching. The latter can be left out of consideration. Partial resection gives on the whole more favorable statistics than simple section. Bilateral section seems to have given a fair amount of recoveries; according to Jaboulay, 58.9 per cent recovered and 29. per cent were greatly improved.

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Knock-Knees (Sajous's Annual and Analytical Cyclopedia of Practical Medicine, Vol. V, page 305).—In knock-knees the legs, instead of being straight in line with the thighs, are inclined outward from the knee-joints. This causes the feet to be wider apart than natural and the knees closer together, so that in walking they knock against one another and interfere in walking; whence the name. It is caused by an increased obliquity of the lower articular surface of the femur, together, usually, with an increased laxity of the ligaments of the knee-joint. The internal condyle of the femur projects downward farther than does the external. The increase in the internal condyle is on its lower, and not on its posterior surface; so that the deformity manifests itself when the legs are extended. When they are flexed they assume their normal position and nothing unusual to be seen except in marked cases, the projection of the internal condyle. The increased length of the internal condyle is not caused by a rapid growth of the extremity of the condyle itself as of the whole substance of the inner side of the femur, for the epiphyseal cartilage is not transverse to the long axis of the femur, but is tilted so as to be almost parallel to the joint-surface. Associated with this condition of the bones, is also a laxity of the ligaments of the joint, particularly those on the inner side.

Etiology.—The causes are usually malnutrition, weakness, or rickets, and the affection is often precipitated by some affection of the foot. Thus when rickets plays a prominent part we find the disease occurring in childhood. When weakness acts as a cause we find it occurring in adolescents somewhat in the same manner as does lateral curvature or flat-foot, but earlier than these two affections. It is often associated with flat-foot, and it can readily be seen how the letting down of the arch of the foot tends to throw the knees inward. This influence, continuing for a long time, at last makes itself evident on the structure of the joint. A condition of valgus occurring from traumatism or other cause, as paralysis, may cause the development of knock-knee, but if there is no constitutional weakness these affections may exist without giving rise to any knee-trouble.

Symptoms.—If the condition is once suspected and looked for, there is usually no difficulty in diagnosing it, but it is liable to be overlooked. Attention is apt to be first attracted by either the child's stumbling or falling, or else by its awkward gait. In very young children they will begin to stumble or fall frequently, or acquire a waddling gait, and this after they have been walking naturally for some time. If on examination flat-feet be found, these may be subjected to treatment, and the knee's condition be entirely overlooked.

Prognosis.—Knock-knees is not so apt to improve with growth as will bow-legs, neither does it respond so readily to treatment. On this account operative measures are more early resorted to.

Treatment.—The general constitutional condition of the patient should be attended to and remedies, such as cod-liver oil and syrup of the hypophosphites given. Hygienic and dietetic measures are also important. Considerable can often be accomplished by mechanical means, particularly in children under the age of six years, where the deformity is not

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too pronounced. The form of apparatus usually employed consists of a waist band to which are fastened two iron legs, one going down to the outside of each leg and fastened to the shoe with a joint at the ankle. The knees are pulled outward toward the leg-irons by straps. Sometimes joints are introduced at the knees. When this is desired greater stability and efficiency is insured by having irons up each side of the leg instead of only the outer. A pad is placed on the inside of the knee and braces are straightened, with wrenches from time to time as necessity requires. It is necessary that the leg-irons be firmly fastened to the shoe and that the shoe itself be strengthened so as to guard against an increase in the tendency to valgus. When the deformity is marked or the parents are unable to give the case attention which treatment by means of apparatus entails, then resort may be had to operative means. The operation employed is division of the bone, or osteotomy. Macewen inserts the osteotome on the inner side about a finger's length above the tubercle for the abductor-magnus muscle. The division is effected from within outward. The knee should be bent, as an artery is farther away from the bone in that position. Some make an incision through the skin through which the osteotome is introduced; this is not necessary. The better way is to place the edge of the osteotome on the skin at the desired spot, and then by a gentle rocking motion cut through the skin. After completion of the operation a large piece of gauze is applied, but no sutures need to be inserted. The legs are put up in a somewhat over-corrected position, either in plaster of Paris, which is best, or splints. Hahn advocated diversion of the bone on the outer side, and I much prefer it, because the bone is divided on the concave side instead of the convex, thus leaving a bridge of bent bone and periosteum to prevent undue displacement of the fragments, besides being easier of performance. The operation of Macewen, however, from the inner side is the one usually recommended. Cuneiform osteotomy with the removal of a wedge of bone is never done for this affection.

Bow-Legs (Sajous's Annual and Analytical Cyclopedia of Practical Medicine, Vol. V).—In bow-legs the cavity of the curve is on the inside instead of the outside of the limbs. Thus, the knees are unduly separated, instead of the feet. The bending also is commonly more gradual instead of angular as in knock-knees. The causes are much the same, but the affection usually occurs between the ages of one and six years, and less frequently in older subjects. It is more commonly of a distinct rachitic origin. The appearance of the limbs of the patient is also so marked that it is less apt to be overlooked than is the case of knock-knees. In the latter affection, as has been said, a position of valgus is assumed by the foot. This is turned so as to enable the sole to be placed flat on the ground. In bow-legs the sole has a tendency to incline inward; so that in order to bring the sole flat on the ground the feet are widely separated; therefore the feet are very far apart as well as the knees, and this gives a peculiar appearance to the patient, which is at once remarked by the parents. The bowing may involve the tibia and fibula alone, or the femur in addition. The knee-joint itself is not often affected. The curve is not always a lateral one, but may be in an antero-posterior direction, often combined with lateral bending.

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Treatment.—The line of treatment to pursue depends on the age of the child and extent and character of the deformity. As the nutrition of the patient is almost always at fault, particular attention should be paid to it. As it is evident that the child has not grown satisfactorily on its previous feeding and mode of life, the usual diet should be changed and the child be gotten out in the open air as much as possible and cod-liver oil and hypophosphites given internally, or the former rubbed thoroughly in the skin daily. In endeavoring to straighten the limbs by non-operative mechanical means the child may either be kept abed or allowed to walk around. If it is desired to obtain the greatest possible correction in a short time the child should be kept in bed and the limbs bandaged to each side of a splint placed between them. When the curvature is confined to the bones of the leg a very efficacious method is the following, which I devised some years ago: a pad is placed between the ankles, and these are then firmly fastened together with a bandage; another pad is placed between the knees, and they likewise bound firmly together. The legs are then covered with a plain muslin bandage and directly across from one leg to the other at the point of greatest curvature, is placed a rubber bandage. This by its continuous pressure tends to obliterate the curve. Care should be taken not to apply the rubber bandage too tightly. If the child is to be allowed to walk around freely, braces must be employed. These are often made of a single inside bar. This form, however, is not so firm, nor does it make so efficacious pressure as does a double brace. It is best to have a brace made with two side-irons jointed at the ankle and knee. A pad is placed over the inside of the ankle, another at the knee, and a third on the opposite side of the leg. By bending the apparatus every few weeks any desired degree of pressure may be obtained. It is highly desirable to carry the apparatus above the knee so that rotation be prevented. A fairly efficient apparatus can be made for very young children without any ankle-joint, as it is hardly so essential in them as in adults. In cases of antero-posterior curvature an apparatus with two side-irons and a pad strapped over the projecting bone and fastened to the side irons is of good service, but the result is not so good as in lateral curves. In young children with soft bones, correction can be effected by manual force and the limb placed in a plaster of Paris dressing. In more stubborn cases osteotomy or osteoclasis may be utilized. Personally I do not like osteoclasis and prefer an osteotomy. This can be done through an opening sufficient only to admit the chisel. To break the bone I prefer an osteoclast to manual force, as it necessitates less division of bone. The bone is thus accurately broken at the desired spot without undue violence. In antero-posterior curvature it is very often necessary to resort to a wedge-shaped resection of bone; this is an operation of considerable gravity and the utmost care must be taken to employ a reliable aseptic technique.

The usefulness of good hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement on page 00 of this number. "Robinson's hypophosphites" are elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to tonic value.

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Therapeutic Truisms.

Cough.—In irritable coughs due to tickling in the throat and bronchi, glyco-heroin is very efficient.

Viburnum is efficacious in dysmenorrhea of whatever character. It is safe and reliable in after pains, promoting involution.

Hemorrhage from nearly any cause, if capillary, is best treated with calcium hypophosphite, ten grains every two to four hours, after all possible is done by mechanical means.

Pruritus Ani.—Rectal irrigation, with hot water, by means of a hard rubber rectal tube with attachments of soft rubber, is recommended by Andrews, for pruritus ani.

Cystitis.—Urotropin is a valuable remedy in ammoniacal cystitis in which the urine is strongly alkaline, loaded with urates and phosphates and purulent. Dose is 3 to 7 grains.

Fever and Restlessness.—Favorable results are reported from heroin, in all cases where antispasmodics are indicated, and in the restlessness of fever following abortion or in threatened abortion.

Catarrh of the Bladder.—In chronic catarrh of the bladder, when the urine is loaded with phosphates, benzoate of ammonium, in doses of 10 to 30 grains, is a useful remedy to render the urine acid.

Hyperpyrexia.—A cold bath rapidly reduces the temperature in hyperpyrexia. Care should be used not to lower the bodily heat to a dangerous point. Hot milk raises it again very efficiently. The cold bath, thus employed, usually induces refreshing sleep.

Venesection.—The indications for blood letting are states of the circulatory apparatus denoting high arterial tension and excitement and weakness; low tension and circulatory depression are contraindications. In pneumonia, pleurisy and meningitis of the sthenic type, and in apoplexy, it is a useful procedure.

Opium Narcosis.—In opium narcosis first empty the stomach with stomach tube to prevent further absorption; then give a cup of strong, hot coffee. The latter allays nausea and acts as a physiological antidote. Keep the patient aroused by walking and the application of water, and give atropine sulphate, gr. 1-50, and strychnine sulphate, gr. 1-30, hypodermatically.—PETERSON, *Med. Rec.*

Roentgen Ray Treatment of Hodgkin's Disease.—A case of pseudo-leukemia is reported from the University of Colorado Hospital in Denver in which a very notable improvement has followed treatment for two months by the X-rays. The patient has gained in weight and strength and the glandular swellings have been markedly reduced in size.—*Med. Rec.*

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Society Scintillations

WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Proceedings of the Twelfth Annual Meeting, held at St. Joseph, Mo., December 29 and 30, 1902.

[CONTINUED FROM PAGE 97.]

TREATMENT OF INJURIES OF THE PELVIC FLOOR OCCURRING DURING PARTURITION.

Dr. William E. Groud, of West Superior, Wis., read a paper with this title. His conclusions were that almost every woman during her confinement suffered injuries from which she did not recover unless she was subjected to a secondary operation for repair of lacerations of the pelvic floor; that immediate suture of apparent lacerations did not restore pelvic support in the vast majority of cases; that from one to two months after labor the woman should be subjected to a thorough examination and any relaxation corrected, before it had time to impair her health.

LUNG SURGERY; HISTORICAL AND EXPERIMENTAL.

Dr. B. Merrill Ricketts, of Cincinnati, Ohio, presented an elaborate contribution on this subject, which was illustrated by lantern slides. We give the author's conclusions in his own words:

Conclusions.—1. Severing one or more of the larger pulmonary blood vessels results in instant death.

2. If death does not result in a few minutes, bleeding will be slow and gradual.

3. If bleeding is slow and gradual, it may require hours or days to cause fatal exhaustion.

4. If death does not occur until after the end of the second day following severe bleeding, infection is the cause.

5. All, or part of the escaped blood, may pass through the opening in the chest into the bronchus or alimentary tract.

6. The blood may escape into the pleural cavity or cavities, pericardial or peritoneal cavity, or all, and thereby become concealed.

7. Pneumonotomy. More definite knowledge of conditions and symptomatology is necessary that surgery of the lung may be perfected and made more aggressive in general.

8. Abnormalities, congenital or acquired, must always be considered in dealing surgically with the lungs.

9. Atalectasis and apneumatosis should be cared for by relieving the compression by removing the cause.

10. The same surgical principles can be applied to the lung as to other organs of the living body.

11. The bony chest may be opened for exploration of the lung with as little danger as opening the abdomen, cranium, articulating capsule, kidney, liver, pancreas, spleen, stomach, gut, or hepatic duct.

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12. Hermetically closing the chest is irrational, unscientific and dangerous.

13. Closing the chest wound by any means does not prevent the escape of blood from injured pulmonary vessels into the pleural cavity.

14. All wounds of the chest wall, whether penetrating or non-penetrating, should be treated aseptically, and with reference to drainage.

15. No instrument or needle should be made to enter the lung tissue for exploration, or the removal of fluid, unless the bony chest has previously been opened.

16. Foreign bodies in the bronchia or parenchyma of the lung may be detected with a fine exploratory needle through an open chest with the lung contracted.

17. Foreign bodies in the lung and bronchia, when causing serious symptoms, should be removed.

18. Some small foreign bodies becomes encysted and remain harmless.

19. The position of a foreign body in the lung changes with expansion and contraction of the lung.

20. Hemorrhage, when due to pulmonary tuberculosis, should not be allowed to become fatal without opening the bony chest, and the application of pressure by forceps, gauze or otherwise.

21. Bleeding of the lung from any cause will, in many cases, cease when the lung is allowed to contract upon itself, with an open chest.

22. Blood clots within the pleural cavity should be removed at the time they are discovered, whether infected or not.

23. Blood clots in the pleural cavity may become organized with or without adhesions of the parietal and visceral pleura, or they may become infected and cause more serious consequences.

24. Hemoptysis may be absent in the most severe lacerations of the lung.

25. If bleeding from larger pulmonary vessels results, forceps should be applied; if not, gauze should be securely packed in the cavity.

26. Drainage of pulmonary cysts of any character can be effected with the same success as in any other organ.

27. Incision for drainage should be done with or without the presence of adhesions. If without adhesions, the opening in the chest should be at the lowest point of the pleural cavity for drainage by gravity.

28. Many incisions of the lung may and should be made with and without even local anesthesia.

29. It is probable that but a few will necessitate the use of general anesthesia.

30. Abscess of any character and of any location in the lung should be found and opened.

31. Gangrene of the lung demands most radical surgical measures, such as opening the chest, drainage, and the removal of all necrotic tissue.

32. Polypi of bronchia seldom necessitate removal, but they may cause conditions which may require surgical intervention.

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Pneumonorrhaphy,—1. Silk, silkworm gut and animal tendons are the most desirable materials for lung surgery.

2. Absorbable sutures and ligatures, as a rule, are not to be relied upon as to strength and durability.

3. Silk and silkworm gut may become encysted in the lung and remain harmless.

4. The tug, and a combination of the tug and tobacco pouch sutures constitute the most desirable ones for use in the lung.

5. Ligatures and sutures may be dislodged by sudden expansion of the lung due to sudden closure of the opening in the chest wall.

6. The blood vessels, bronchia and lung tissue should be ligated separately, great care being used not to include too much tissue of any kind in one ligature.

7. Needles to be employed in lung tissue should be round, with a rounded point. They should never have a sharp point, or sharp edges.

8. Not all ruptures, punctures or lacerations of the lung require sutures, or any surgical intervention whatever.

9. Many lacerations of the lung without fracture of the bony chest can and should be treated by suture, compression with guaze or forceps.

10. Puncture of the lung from any cause, such as stab and gunshot, resulting in hemorrhage, should be treated by opening the chest and applying ligature or compression.

11. Rupture of the lung should be treated as a laceration.

Pneumonectomy.—1. A portion or all of one lobe, or the entire right or left lung, may be removed without causing death.

2. For complete or partial lacerated portions of the lung, when severe, pneumonectomy is necessary and should be done.

3. Gangrene of the lung requires in many cases the removal of all necrotic tissue.

4. Hernia of the lung, when sudden and of but few hours' duration, should, as a rule, be amputated, and the stump fixed in the chest wall, as there is no sac.

5. Hernia of the lung coming on gradually has a sac, and should be returned to the pleural cavity, if possible, without amputation.

Pneumonopexy.—1. This is the safest and most rapid way of dealing with the stump of lung tissue in the majority of cases, necessitating excision for any cause.

2. Adhesions of the parietal and visceral pleura have without exception taken place, whether there have been lacerated or incised wounds, with or without suture.

3. The degree of adhesion corresponds with the degree of injury.

4. Cysts of the lung of any character can best be drained through viscero-parietal adhesions. In the absence of adhesions the wall of the cyst may be sutured to the edges of the opening in the chest wall, drainage to be at once accomplished or at some subsequent time.

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SECOND DAY—MORNING SESSION.

THE PATHOLOGY THAT REMAINS AFTER THE NON-SURGICAL TREATMENT OF PERITONITIS.

Dr. H. D. Niles, of Salt Lake City, Utah, read a paper on this subject in which he stated that 95 per cent of all the survivors of the non-surgical treatment of peritonitis were left with infection without the peritoneal cavity and adhesions within this cavity. Well known anatomical peculiarities of the gall bladder, appendix and Fallopian tubes favored the reception and imprisonment of infection from the alimentary canal and endometrium, and its extension to the peritoneum. It was about one of these organs that the surgeon usually found the pathology, unless it had been mechanically removed. The greatest amount of infection came from a sudden rupture of an appendiceal or tubal abscess, or a perforation of the stomach, intestine, or the gall bladder. The most virulent infection was either appendiceal or from a pyosalpinx following a puerperal endometritis. The mildest was from a cholangitis or a gonorrheal salpingitis. The author's experience led him to believe that about 40 per cent of the possessors of infection and adhesions suffered from recurrent attacks of acute and subacute peritonitis, and less than 1 per cent from mechanical obstruction of the bowels. It was to the remaining 59 per cent that he invited particular attention, for while it was customary to point to these cases as sufficient proof of the efficacy of the drug treatment of peritonitis, he believed that all fair minded, thoughtful observers were learning to regard the pathology these patients carried within their abdomens as responsible for much distress and many deaths that were formerly attributed to other causes, or physicians were unable to trace to any well defined cause.

SURGICAL TREATMENT OF TUBERCULAR PERITONITIS.

The author of this paper, Dr. D. S. Fairchild, of Clinton, Iowa, drew the following conclusions:

1. If an intra-abdominal focus of tuberculosis is diagnosed or is suspected, an abdominal section should be made with the view of more efficient treatment.
2. If a chronic tuberculosis of the peritoneum with ascites is diagnosed, or believed to exist, a laparotomy is indicated as soon as it is found that medical and hygienic treatment has failed.
3. In fibrous tuberculosis of the peritoneum, the same course should be pursued, and if cheesy degeneration has not commenced, or progressed too far, a certain percentage of recoveries will follow.
4. In acute tuberculous peritonitis, with ascites, and high temperature, laparotomy is useless.
5. In extensive adhesive tuberculosis of the peritoneum, with matting of the intestines, laparotomy is useless, and the attempt to separate the adhesions is dangerous in its immediate results.

INJURY TO NERVES FOLLOWING FRACTURES.

Dr. A. L. Wright, of Carroll, Iowa, read a paper on this subject, in which he reported a case of fracture of the humerus through the middle

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third, with injury to the musculo-spiral nerve, or, rather, the incorporation of this nerve between the ends of the bone, or to its being caught and pressed upon by the callus thrown out during the reparative process.

He stated that the literature was replete with cases reported where various nerves, especially the ulnar and median nerves, had been severed by a stab or the falling of glass. The case presented by him had the typical clinical picture of injury to a nerve found at the end of a siege with a fractured bone, and taught a very valuable lesson regarding the prognosis and treatment.

TREATMENT OF NAEVI.

Dr. John P. Lord, of Omaha, Neb., followed with a paper on this subject. He discussed the varieties of nevus, their etiology and pathology, and reported several interesting cases. He stated that the hot water treatment of cavernous angiomas, as suggested by Wyeth, was under trial, and would doubtless have a place in the treatment of selected cases. The treatment of port wine marks by electrolysis was too tedious and painful for large areas. The results were not perfect, in that they were seldom complete, and left some scarring. The X-ray promised better, and hot air would seem to have possibilities. Electrolysis occupied first place in hairy naevi, and would probably continue to do so unless the X-ray would produce permanent atrophy of the hair follicles. The operation of excision of very large tumors would probably never be supplanted by anything less radical; and hitherto inoperable tumors were rapidly yielding to the control of the operators of the new century.

[TO BE CONTINUED.]

CASS COUNTY MEDICAL SOCIETY.

Stated Meeting, February 5, 1903.

In the absence of the president and vice-presidents, Dr. T. W. Adair, Archie, was elected chairman of the meeting.

Minutes of the previous meeting read by secretary, and approved by society.

Dr. G. W. Farrow, East Lynne, scheduled for first paper on program, notified the society that he would be unable to be present, but would have his paper in readiness for next meeting.

A paper on "Some Points Bearing on the Medical Treatment of Appendicitis," by Dr. A. D. Farnsworth, Drexel, was read by the secretary. Dr. Chaffin, Raymore, endorsed the paper in toto, and is opposed to send ing his cases to a surgeon. He has never lost a case of appendicitis.

Dr. Brierly, Peculiar, favors conservative treatment, and would like to know just which cases require operation.

Dr. Elder, Harrisonville, favors opium for the intense pain.

Dr. Smith, Austin, said he had been in practice two years, and had never had a case of undoubted appendicitis. Said that in all cases of inflammation and severe pain in bowels he could not get along without the use of opium, as it seems to control the process.

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Dr. Overholser, Harrisonville, said that the question of when to operate and when not to operate furnishes a variety of opinions; thinks the quicker you operate in the perforative form the better it will be for the patient.

Dr. Adair, Archie, said the only case he ever operated on died, and that there is too much operation done for appendicitis.

Dr. Triplett, Harrisonville, said that the two mooted questions in treating appendicitis is what cases require operation and when to operate, and that as yet we have no means of knowing just what is taking place in the abdomen, the question remains mooted. He thought it a fairly good rule when the symptoms show no signs of abating before the end of the third day to operate, otherwise to treat them on the expectant plan, except walled-off abscess cases may be operated on at any time.

The "Report of a Case of Acute Catarrhal Cholangitis with Remarks on Jaundice," was read by Dr. Triplett, which was discussed by Drs. Brierly, Chaffin and Overholser. (This paper is published elsewhere in this issue.)

A very valuable paper on "Finance," and the business methods of physicians was read by Dr. T. W. Adair, Archie. This paper called forth a lively and earnest discussion from all the members. All agreed that the physicians' business methods are not what they ought to be; that the medical profession should be better organized, and act with more harmony among themselves, that physicians are under-paid for their services as compared to other professions and callings; that their rights are not properly respected; and that our medical laws are not adequate to insure the best protection to the public.

It was the opinion of the members that one of the best means of obtaining these desired objects is to begin at home; effect perfect county organization, and through this the State and Nation, and when this is done, the medical profession will be one of the powers to be reckoned with and properly respected.

A resolution favoring the establishment of a State medical journal, to be under the control and management of the Missouri State Medical Association, was adopted by the society.

Dr. M. P. Overholser gave a microscopic exhibition of Eberth's (typhoid), Pfeiffer's bacillus (influenza), staphylococci and blood (fresh).

Dr. J. S. Triplett exhibited specimens of urine, one containing blood and one containing bile.

The society adjourned to meet again at Harrisonville, May 14th, 1903, at 1 p. m.

J. S. TRIPLETT, Secretary.

XIV International Medical Congress will meet in Madrid, Spain.—A considerable number of American physicians will attend the 14th International Medical Congress, to be held in Madrid, April 23-30, 1903. As all those who wish to attend the Congress have a common objective point, it is thought that they can be associated to advantage in one or more excursion parties. In this way the social features of the trip will be enhanced, and each individual will be surrounded by those who are person-

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ally congenial. By such association better accommodations can be secured and at a considerable reduction in price. Additional security will also be attained, as parts of the trip which include comparatively unfrequented routes of travel, will be under the charge of a travelling conductor who is thoroughly conversant with the language and customs of the countries visited. As there will doubtless be some divergence as to choice of routes depending on individual inclination and previous opportunities of foreign travel, several returning routes have been selected, the itineraries of which, although separate from a portion of the journey, have been arranged that the principal points are visited together. The party will sail from New York City, on April 11th, on the twin-ocean steamer, "Princess Irene," North German Lloyd, direct to Gibraltar. Tickets for the round trip, including hotel and sight-seeing, $275, $375 and $515, according to the tour selected. It is important that all who contemplate taking this trip should register *at once*, so that reservations for hotel in Madrid may be satisfactorily arranged. Final arrangements will be in the hands of the well-known conductors, Thos. Cook & Sons, which insures perfect and complete service in all details. Full information and copies of itinerary may be obtained by addressing either of the last named undersigned.

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MISSOURI VALLEY EXCURSION TO NEW ORLEANS.

The Illinois Central and Burlington Systems are arranging for special train service from the West to New Orleans via St. Louis, for those who will attend the meeting of the American Medical Association, May 5 to 8. Parties are being made up in Omaha, Council Bluffs, DesMoines, Peoria, St. Joseph and Kansas City, with St. Louis the objective point, where a splendid train via the Illinois Central will be chartered. This train will leave St. Louis, May 3d. Full particulars may be obtained by addressing

W. H. BRILL, D.P.A., Illinois Central, Omaha, Neb.
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Notes on Reliable Remedies

Chloretone in Postoperative Vomiting.—Bickle (*Ther. Gaz.*) has, during the past year, adopted the practice of giving fifteen grains of chloretone two hours before operating. The result as shown in a table of forty-one cases were eminently satisfactory. In only two cases was there vomiting and nausea. A third case, which had great distress after administration of an anesthetic, was not given chloretone, though it is mentioned in the table.

Timely Advice.—Physicians should lose no opportunity to give their patients timely advice concerning the importance of using pure baking powders. Pure food is essential to health and since bread is the staff of life, it is certainly important that bread should be well made and of the best materials. A close scrutiny should be given to the baking powder used in its manufacture. There can no longer be any argument with regard to the disadvantage and unhealthfulness of alum in baking powder. The evidence is all in and the jury composed of the medical profession has brought in a verdict of "guilty" against alum. Physicians are counselors along the lines of health for the home and they should see to it that all families under their care are properly educated. Along this line Dr. Price's cream baking powder has for years occupied a position at the head of all others for purity, stability and healthfulness.

A Valuable Auxiliary in the Treatment of Pneumonia.—Pneumonia is nowadays considered a general infectious disease due to a special germ, and not, as was formerly believed, a local condition resulting from exposure to cold. It is, therefore, of the utmost importance that once it appears in the household, every precaution should be taken to prevent its spread to other members of the family. As the germ is carried through the air, this cannot be accomplished by fluid disinfectants; an unirritating and non-poisonous antiseptic which is sufficiently powerful to destroy the infection, and yet can be freely breathed by the patients is required. There is only one safe and efficient agent of this kind, and that is vapo-cresolene. Experiments by the pathological department of Yale University have demonstrated its high germicidal power. Its vapor permeates the air of the sick-room, destroys the infection at its source, and when inhaled by the patient allays cough and irritation in the air passages, promotes expectoration, and thus aids materially in bringing about recovery.

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Coughs and Their Treatment (by Drs. Alex. De Soto and C. W. Crimpton. of Wayside Mission Hospital, Seattle, Wash.).—An intractable cough! What condition so persistently tries the patience of every physician? Careful examination has been made, the diet regulated, and one of the innumberable prescriptions for that ailment selected, but still the cough continues. It is not the object of this paper to go into details regarding the only too well known disadvantages of most of our familiar cough mixtures. Down to that household standby, "cod liver oil in every form," they have proven in the vast majority of instances—discouraging failures. Cough is a symptom—varying in intensity and character according to its cause. Nor is that cause always situated within the respiratory organs themselves. Cough is essentially a reflex act upon an irritation of the respiratory center. These sources of irritation may be subdivided as follows: Dropping of mucus from the posterior nares in chronic catarrh. Polypi, enlarged uvula or tonsils, defective closure of the glottis, irritations within the larynx from whatsoever cause, malignant or otherwise. Bronchitis pneumonia and pleurisy. Gastric when due to derangement of the stomach. Cardiac disease, irritations of auditory canal and organic diseases within the abdominal cavity. From the foregoing causes it may be readily estimated that to arrive at the exact nature of any given case may not always be an easy matter. Nevertheless, we must relieve the patient, without risk of disturbing either digestive or circulatory systems. Any remedy which will attain this object in a goodly number of cases is indeed a godsend to patient and physician, and in every sense an ideal remedy. Not until our attentiion was called to glyco-heroin (Smith) did we become acquainted with a remedy which we have used with a most unvarying success in coughs of every description, and in patients of all ages and conditions, without the slightest unfavorable effect. The points which recommend glyco-heroin (Smith) are: First. Palatability. Second. Economy (3 to 4 oz. being ample for a cure of the average case). Third. Its immediate action, soothing the most trying cases. Fourth. Its absolute freedom from unpleasant or unfavorable effects. Fifth. It is not only a palliative but a curative agent. Sixth. The hyoscyamus it contains reaches those trying cases of dry cough due to other causes than simple catarrhal irritation of the respiratory tract. We are convinced that glyco-heroin (Smith) has no competitors in results, its action being almost specific. It will give satisfaction in every case where results may be reasonably expected, and in many cases its beneficial effects go beyond the most sanguine expectations.

Vibratory-Massage is now fully recognized by the medical profession as an efficacious procedure in the treatment of numerous local and constitutional conditions, notably in the developing of weak and debilitated muscles, improving defective circulation, and for the cure of lameness, sprains, rheumatism, lumbago, neuralgia, backache, round shoulders, nervous affections, headache, insomnia, dyspepsia, biliousness and habitual constipation. The physiological and therapeutical effects of vibratory-massage are known for a long time. The results are: "Energetic stimulations of the arterial and lymphatic vessels as well as dispersion of exudations. Increased secretions of the mucous membranes and glands. Powerful influences on the nervous system to which may be added mere mechanical effects." Vibratory-massage is successfully employed against muscular

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Malto Yerbine.—In a recent issue of the monthly Cyclopedia of Practical Medicine, Dr. Chas. E. de M. Sajous pays a highly merited compliment to the excellence of the maltine preparations. Speaking of one favorite combination he says: "A second preparation to which we may call attention—and with particular appositeness at this season of the year—is called malto-yerbine. This, as its name implies, is a combination of maltine with eriodictyon, or yerba santa. The leaves of this plant are fragrant, aromatic and sweetish. Yerba santa is a highly esteemed remedy in affections of the air-passages, such as laryngitis, chronic bronchitis, asthma and whooping-cough. An association of such an agent with maltine is, therefore, of much promise in the management of bronchial and pulmonary affections. Malto-yerbine is an excellent means by which to disguise the bitter and persistent taste of quinine. As in countless instances we desire to administer quinine where malto-yerbine is indicated, this incidental property is by no means to be despised."

Wyeth's Sanguiform is a preparation of the blood of healthy warm-blooded animals, containing all of its normal constituents, ascertained by careful examination, and so preserved as to remain unchanged in any climate, at the same time rendered agreeable to the taste of both young and old, while it may be taken freely without ulterior ill effects. The constitution of sanguiform furnishes the measure of its real utility as a remedy. Containing the materials of which the blood is composed, it is necessarily a valuable reconstituent in those maladies characterized by deficiency in the number and quality of the red-blood globules. In the debility succeeding acute diseases, as a restorative in chronic wasting diseases and in depressed states of the organic functions it is an effective and readily applied remedy. Sanguiform will be found equally available for the physician in the treatment of all cases of anemia, chlorosis, neurasthenia, diseases of the lungs and chest, scrofula, rickets, general debility, marasmus and as a nutrient tonic in the convalescence of all wasting diseases involving in any way an impoverishment of the blood.

Antiphlogistine vs. Pneumonia.—How does antiphlogistine abort pneumonia, and further, how does antiphlogistine resolve pneumonic consolidation? These queries are very often made by acute observers who have attended case after case of pneumonia with favorable termination under the influence of antiphlogistine. The action of antiphlogistine is dependent upon well-defined physiological laws—that a most important reflex association exists between the vessels of the skin and the underlying tissue; that, when the superficial blood-vessels dilate, the deep-seated ones contract. Continuous stimulation of the cutaneous reflex maintains continued relief by persistent contraction of vessels in the inflamed area of lung tissue. Such governing action prohibits extension of the products of inflammation through infiltration by effecting rapid absorption and elimination of toxines. The infected area becomes self-limited, as the adjacent blood-vessels supply well-aerated blood to compensate for the surcharged venous blood due to pulmonic consolidation of lung tissue and through osmosis and dialysis assists the superficial blood-vessels and lymph spaces to drain the hyperemic parts by direct capillarity. Lessened blood-pressure prevents administration of whipping medication to the overburdened heart.

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rheumatism, traumatic muscular inflammation, atrophied muscles and many chronic joint diseases. In tachycardia it will rapidly and considerably reduce the number of pulsations. It is also having a very stimulating effect on patients suffering of weak and paralyzed bladder. Generally it may be said that vibration-massage can be used with the greatest success in all subacute and chronic diseases. We call attention to the many cases Dr. Lorenz recommended for massage treatment. Special attention is called to the case of the son of Mr. A. R. Draper, Milford, Del., who was brought before Dr. Lorenz while in Philadelphia After examining him Dr. Lorenz said: "Your son is suffering from paralysis of the foot. He can be cured by vibratory-massage." After examining Frank Frielmer, of 3928 Copman street, Philadelphia, Pa., aged eleven years, one of his legs being six inches shorter than the other and could walk only with a crutch, he said: "Your son will walk again. No operation is necessary. Give him vibratory-massage treatment and put him in braces, and he will come around all right." In a long article on vibratory-massage, published in the New York Journal of February 11, 1903, it states that Dr. S. J. Meltzer, visiting surgeon at the Harlem Hospital, New York City, has for several months been experimenting with germs and has found that the bacteria cannot withstand continued vibrations. Similar experiments have recently been made in London with similar results. See adv, of the Aero-Vibrant on another page of this issue, and write for literature.

A BUNCH OF PRESCRIPTIONS is the euphonious title of a little pamphlet issued by the Illinois Central R. R. in the interest of special train service to the approaching meeting of the American Medical Association in New Orleans. A copy may be had by applying to any agent of the company. See adv. on another page.

Do You Need a Typewriter.—One of the most interesting, novel and valuable inventions of recent years, is the word-writing typewriter, invented by W. R. Bennington, of Kansas City. It is claimed for this machine, that it will revolutionize the typewriter business and displace existing typewriters just as certainly as the new printing press, self-binder or header displaced the old style machines of their class. We call the attention of our readers to the advertisement of this company on another page.

The Menopause.—During the change of life the majority of women experience more or less discomfort. Nervous and mental disturbances are particularly apt to manifest themselves, such as changes in temperament, hysterical disorders, pains in various regions of the body and disturbance of digestion. All these disturbances have their foundation in a condition of passive congestion accompanying the gradual cessation of the menses. It is for this reason that Hayden's viburnum compound, on account of its nervine, antispasmodic and anticongestive action becomes so useful at this trying period of a woman's life. Moreover, in those cases in which there are profuse losses of blood not due to the presence of organic disease or malignant growths, this product is an indispensable remedial agent.

NEW ADVERTISEMENT IN THIS ISSUE:

California Fig. Syrup Co., page 80.
American Vibrator Mfg. Co., page 79.
Fox-Brumley Phar. Co., page 7.
Illinois Central R. R. to A. M. A., page 82.

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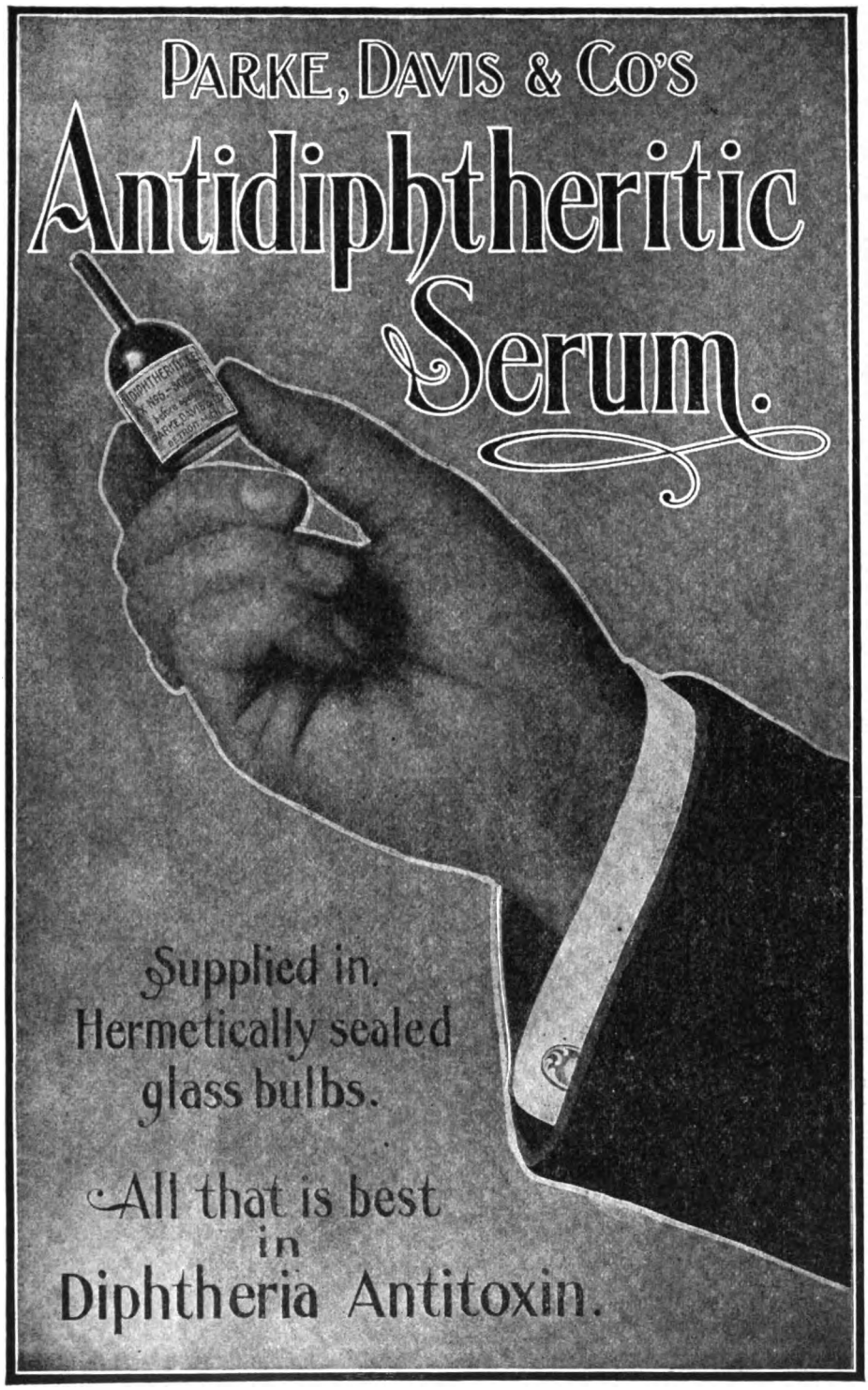

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LOCATION.—Anyone desiring a good location in which to practice the the specialties, eye, ear, nose and throat, address DR. HUGH T. MILLER, Clinton, Mo.

NEW ORLEANS POLYCLINIC—Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information address New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

SANDER & SONS EUCALPTOL (pure volatile Eucalypti Extract) In an article on inhalations of Eucalpytus in Diphtheria, by Prof. Dr. Mosler, Director of the Medical Clinic of the University at Griefswald (Berlin, Klin. Wochenschrift) it is stated: "The ol.eucalpyti e folies I employed in my tests I received through Holzle & Chelius, Frankfurt, it must not be mistaken for the more frequently offered ol. eucaly-pti australe, which is obtained from the eucalyptus tree. This latter is used for mechanical purposes only, and has a far cheaper price; it is however, no longer employed as an internal medicament."

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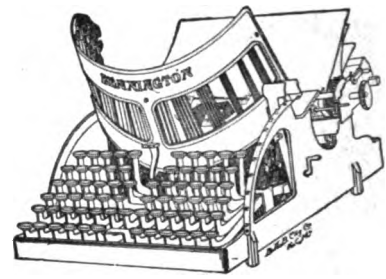

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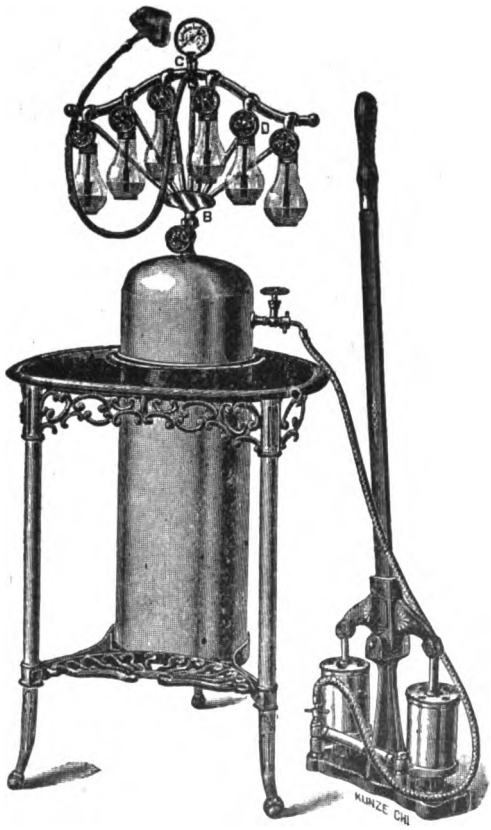

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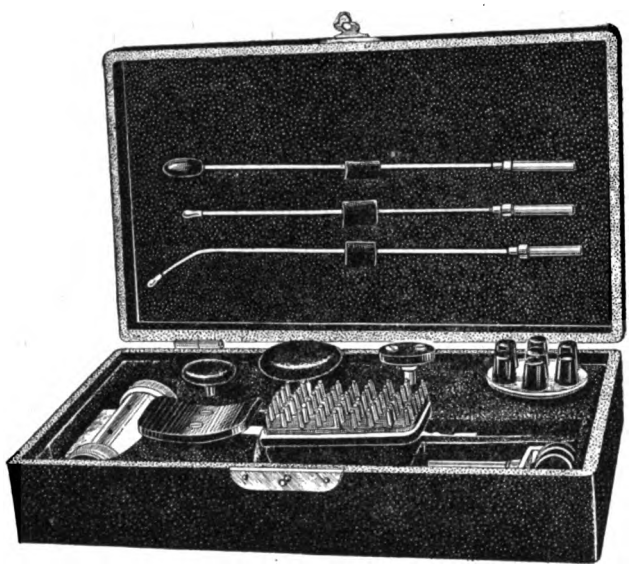

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It is an important point in the treatment of pneumonia to reduce the dyspnea and irritating cough.

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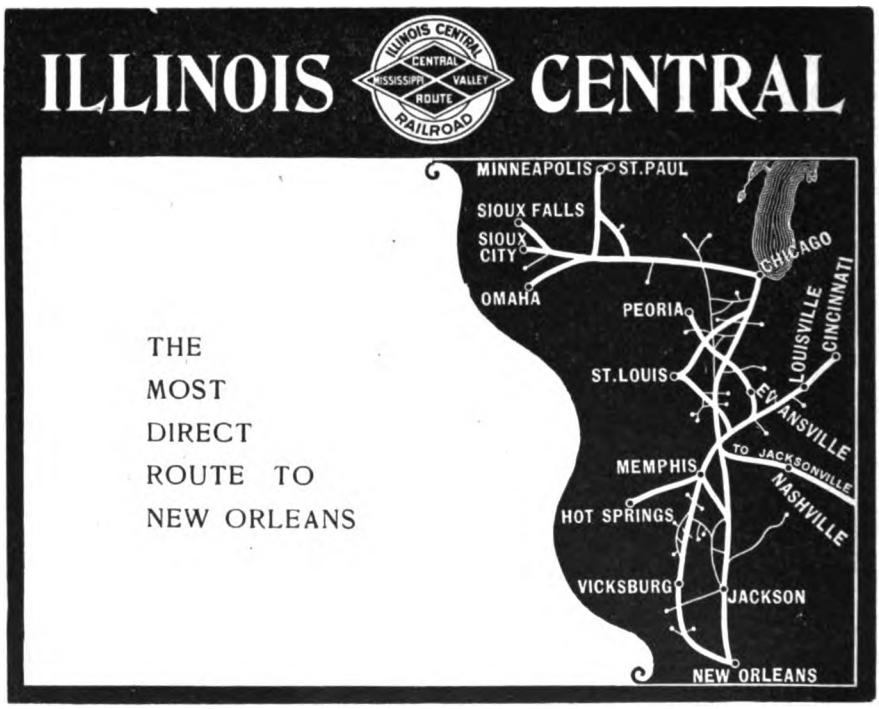

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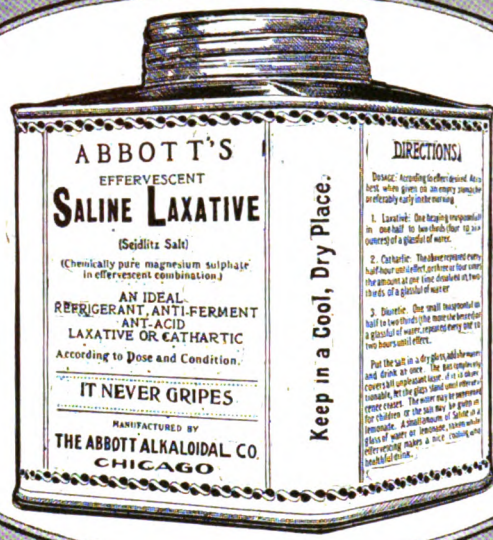

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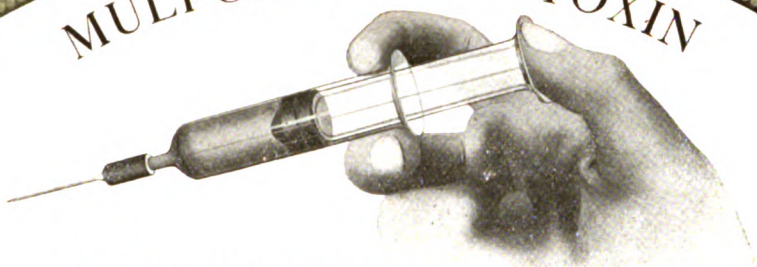

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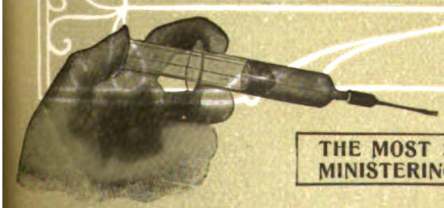

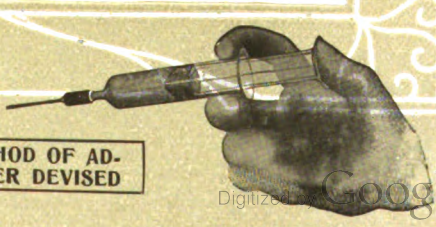

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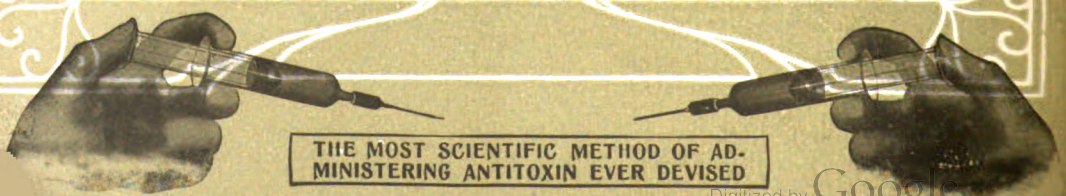

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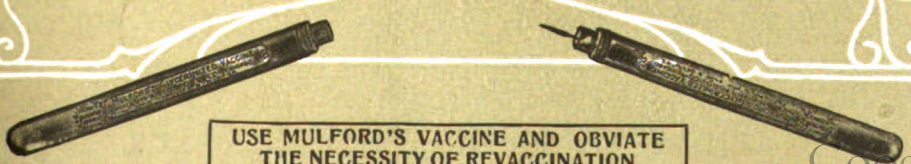

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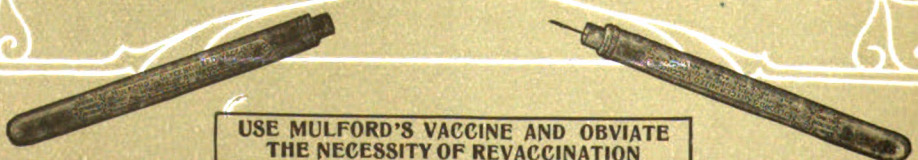

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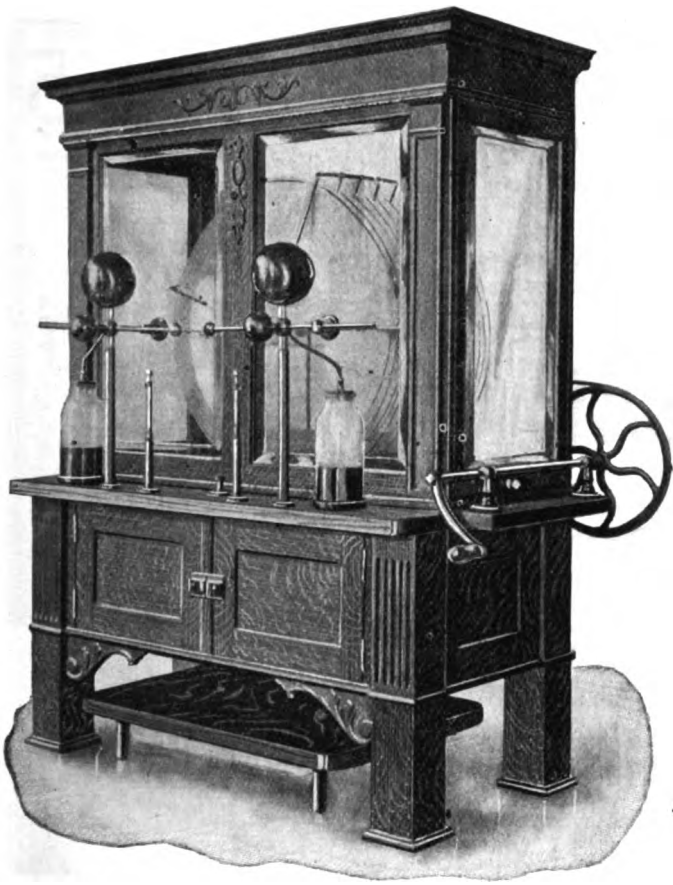

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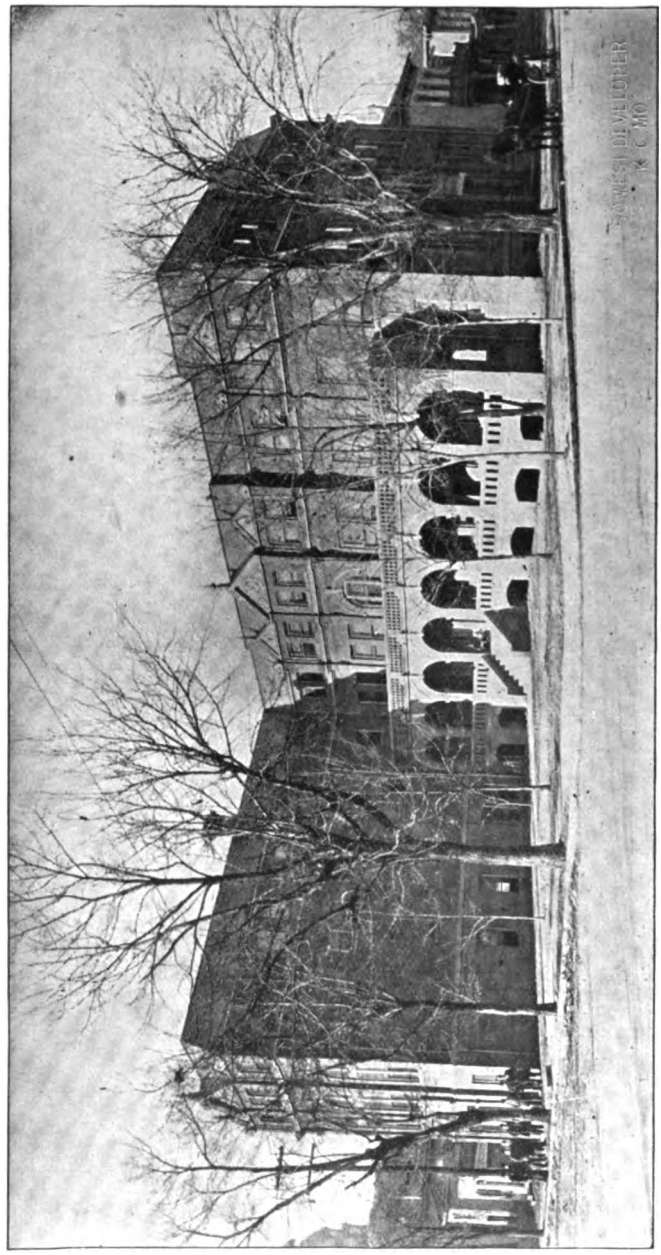

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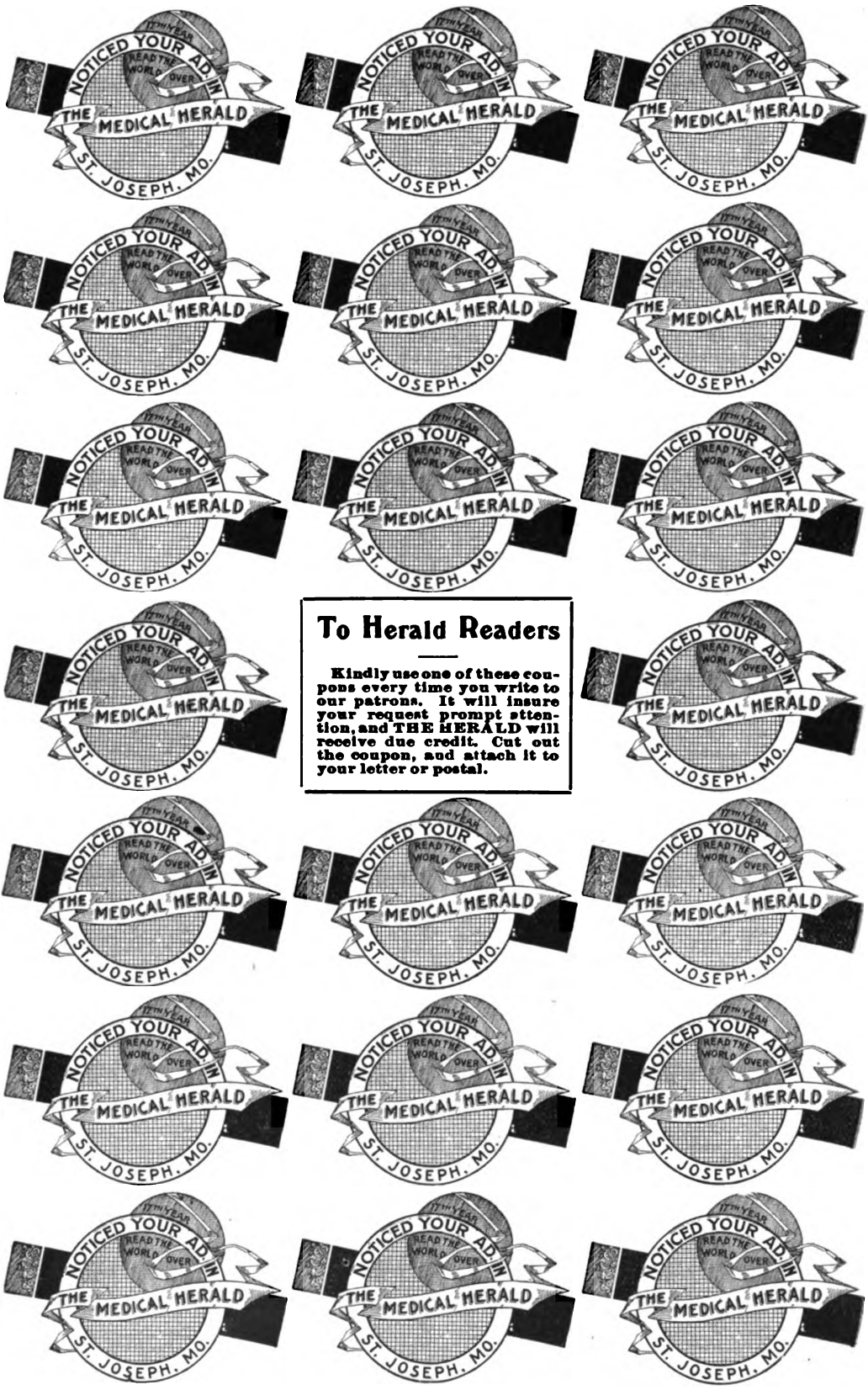

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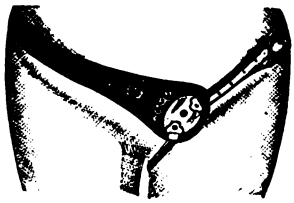


Single Truss	Adults
A, Plain	$1.50
B, Fine	2.00
C, Silk	2.50

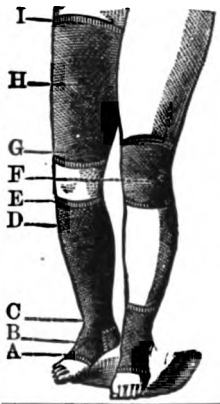
Double Truss	Adults
A, Plain	$2.50
B, Fine	3.00
C, Silk	4.00

PNEUMATIC PADS

Give circumference of abdomen on line of Rupture.
State if for Right or Left.

ELASTIC STOCKINGS

Give exact Circumference and Length in all cases.



Net Price to Physicians

	Stout Silk each	Fine Silk each	Thread each
A to E	$2.50	$2.00	$1.50
A to G	4 25	3.50	2.50
A to I	6.00	5.00	4.50
C to E	1.50	1.25	1.00
E to G	1.50	1.25	1.00
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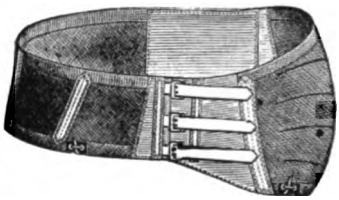
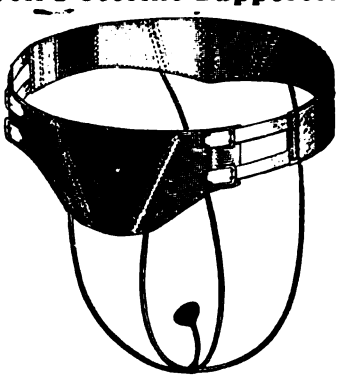
ABDOMINAL SUPPORTER

Give exact circumference of abdomen at K, L, M.



Silk Elastic	$3.25
Thread Elastic	2.50

Flavell's Uterine Supporter



Give measurement 2 inches below navel. State if for Prolapsus, Retroversion or Anteversion.

Net Price to Physicians

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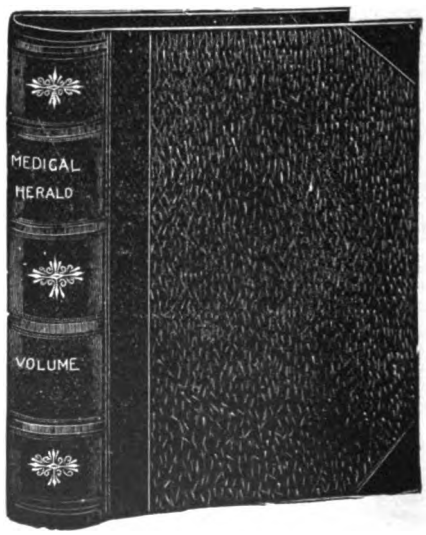

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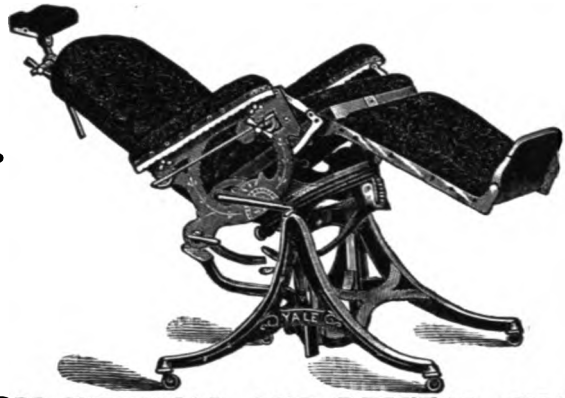

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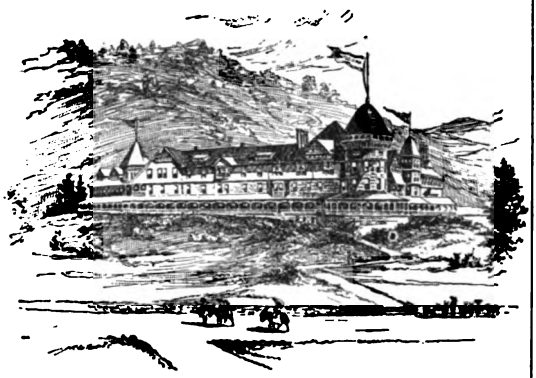

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